Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000287249 3)))



H240002872493A8C5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

PECHVED
WASSINGLERS 40

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LA BUENA COMPANIA LLC

Certificate of Status	Ü
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

"4MUS 27 MIII:48

Electronic Filing Menu

Corporate Filing Menu

Help

T. L.T. LUX

AUG 28 2024

خ

Docusign Envelope ID: 34B745A7-F5A8-4C5A-967C-60E892B99D0C

These articles of amendment were adopted on 08/20/2024\_\_\_\_\_

LA BUENA COMI	PANIA LLC	
	ization for this Limited Liability and assigned Florida o 22 L22000439148	Company were filed on document number
	ndment is submitted to amend th	e following:
Change all ad	Idress to : to this address 86 SU	00 Nw 36th Sit Doral, F IITE 200
Change all ad	Idress to : to this address 86	00 Nw 36th Sit Doral, F IITE 200
Change all ad	Idress to : to this address 86 SU	IITE 200
Change all ad	Idress to : to this address 86 SU	IITE 200
Change all ad	Idress to: to this address 86 SU	JITE 200
Change all ad	SU	JITE 200
Change all ad	SU	IITE 200
Change all ad	SU	00 Nw 36th Sit Doral, F
Change all ad	SU	### 200
Change all ad	SU	### 200

Docusign Envelope ID: 34B745A7-F5A6-4C5A-967C-60E892B99D0C

Dated 08/20/2024
Signed by:
Signature of a member or authorized representative of a member
<u>Maximiljano Ramírez</u>
Typed or printed name of signee
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing