## 123000020505

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## **COVER LETTER**

	Registration Se Division of Cor		•				
DISTRIBUIDORA BONA FE LLC							
SUBJEC	1:	Name of Lim	Name of Limited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	um all correspo	ondence concerning this matter	to the following:				
		GUILLERMO ALVAREZ	:				
			Name of Person		-		
		DISTRIBUIDORA BONA	FE LLC		<u> </u>	2973	
		-	Firm/Company			Çi -	
		5418 CINDERLANE PAR	KWAY		ARY 1170	24	. , 
			Address			F	د ا
		ORLANDO, FL 32808			STAT E, FL	FEB 24 FH 2: 00	<b>.</b>
			City/State and Zip Code		- mi	0	
		guillermo JE-mail address: (	ac bonarive . Com . Cl	otion)			
For further	er information c	oncerning this matter, please ca	all:				
	RMO ALVARE	man m	. 305 988-4552 at ( )				
	Name o	f Person		elephone Numbe	r ·		
Enclosed	is a check for th	ne following amount:					
■ \$25.00 Filing Fee ■ \$30.00 Filing Fee & Certificate of Status			(additional copy is enclosed) Certific		Filing Fee, cate of Status & cd Copy nal copy is enclosed)		
	Mailing Addres Registration S		<u>Street Address:</u> Registration Secti	on			
Division of Corporations			Division of Corpo	rations			
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tal		210		
	i alialiassee, f	L J4J 14	2415 N. Monroe S	succi, Suite d	OIU		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISTRIBUIDORA BONA FE LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our recor Liability Company)	ds.)	
The Articles of Organization for this Limited Liability Company	were filed on JANUARY 9, 20	023	and assigned
Florida document number L23000020505			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LL	C" or the abbrev	
Enter new principal offices address, if applicable:		-, ÷	<u>  E.32</u>
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·		m
			Name of the same o
Enter new mailing address, if applicable:	5418 CINDERLANDE PARI	KWAYE CO	
Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32808	FL	8
B. If amending the registered agent and/or registered office a	address on our records, <u>ente</u>	r the name of	the new registe
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addre	255	
		lorida	
	City	2	Cip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JUAN J QUESADA	6849 PALM GARDEN ST JUPITER FL 33458	<b>=</b> Add
			Remove
		<del></del>	□Change
			🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated \_ FEBRUARY 2 2023 Signature of a member or authorized representative of a member **GUILLERMO ALVAREZ** Typed or printed name of signee

Filing Fee: \$25.00