Limited Liability Company will be

File on or be subject to a			
	BILITY CC IAL REPOF 1999	AZ	
FILING FEE			
\$ 188.75		eck Payable	<u> </u>
Name and Mai of Limited Liab	ling Address ility Company	DOC	U
BONA	NZA PR	OPERTIE	s
8500) SW 8T	H STREE	T
MIM	4I FL 3		
2 Principal Place	of Business		
Suite, Apt. #, etc.			
City & State			

Zip

FLORIDA DEPARTMENT OF STATE Katheripe Harris

Secretary of State DIVISION OF CORPORATIONS

FILED 99 MAR 19 PM 3: 10 + \$88.75 Corporation Supplemental Fee

o: FLORIDA DEPARTMENT OF STATE SCORETART OF STATE TALLAHASSEE, FLORIDA MENT# L98000002252 1a. Principal Place of Business Address L.C. , SUITE 228 8500 SW 8TH STREET, SUITE 22 MIAMI FL 33144 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 10/14/1998 4. FEI Number Suite, Apt. #, etc. Applied For 65-0868832 City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Street Address (P.O. Box Number Is Not Acceptable)

MACHADO, JOSE L 8500 SW 8TH STREET, SUITE 228 4000002624494 -03/30/93-01100-046 MIAMI FL 33144 Suite Apt #, etc. ****188.75 ****188.75

9. Pursuant to the provisions of Sections 608 416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HERERAN, AGUSTIN Herran	8500 SW 8TH STREET, SUITE	MIAMI FL
MGRM	GUERRAN, ARMANDO	8500 SW 8TH STREET, SUITE	MIAMI FL
MGRM	HERRAN, MANUEL A	8500 SW 8TH STREET, SUITE	MIAMI FL
MGRM	HERRAN, EMILIANO 🗶	8500 SW 8TH STREET, SUITE	MIAMI FL
MGRM	GUERRA, ANAMARIA	8500 SW 8TH STREET, SUITE	MIAMI FL
		5-25-19	

11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (8). Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I arri a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

SIGNAT	U	R	Ę
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