

P13000075818

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
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FACILITY SERVICES DIVISION

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

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
BONDI INC**

Certificate of Status	0
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Page Count	06
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C. LEWIS
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EXAMINER



September 18, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BONDI INC
881 OCEAN DR
10B
KEY BISCAIYNE, FL 33149US

SUBJECT: BONDI INC
REF: P13000075818

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

FAX Aud. #: H13000207798
Letter Number: 513A00021970

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13 SEP 18 AM 8:28
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

H13000207798

12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BONDI INC

DOCUMENT NUMBER: P13000075818

The enclosed *Articles of Amendment* and *fee* are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE M VEGA
Name of Contact Person
SUAREZ VEGA & ASSOCIATES INC
Firm/ Company
C/O SUAREZ VEGA
Address
MIAMI, FL. 33131
City/ State and Zip Code

VEGAMIAMI@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE M VEGA at (786) 488-3542
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H13000207798

Articles of Amendment
to
Articles of Incorporation
of
BONDI INC

FILED

13 SEP 18 AM 10:03

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000075818

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C/O SUAREZ VEGA

25 SE 2nd AVE 410

MIAMI, FL. 33131-1510

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

C/O SUAREZ VEGA

25 SE 2nd AVE 410

MIAMI, FL. 33131-1510

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida

(City)

(Zip Code)

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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the P'ST' and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SY as an Add.

Example:

Change PT John Doe
 Remove V Mike Jones
 Add SY Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	PD	RUIZ FABRES, JOSE P	C/O SUAREZ VEGA 25 SE 2 AVE 410 MIAMI, FL. 33131-1510
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	SD	BUSTAMANTE GUBBINS, MARIA L	C/O SUAREZ VEGA 25 SE 2 AVE 410 MIAMI, FL. 33131-1510
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

G. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

H1300020798

The date of each amendment(s) adoption: 17th DAY OF SEPTEMBER OF 2013 if other than the date this document was signed.

Effective date if applicable: 17th DAY OF SEPTEMBER OF 2013
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 17th DAY OF SEPTEMBER OF 2013

Signature _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JOSE M VEGA

(Typed or printed name of person signing)

INCORPORATOR

(Title of person signing)

FILED
19 SEP 18 AM 10:03
STATE OF FLORIDA
TALLAHASSEE

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