

L05000074065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

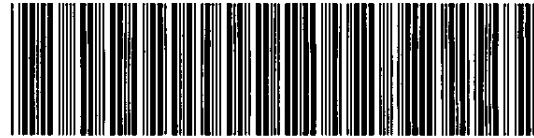
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 4 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **BONSAI 3 LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAULA PITA DUMAINE

Name of Person

BONSAI 3 LLC

Firm/Company

12550 BISCAYNE BLVD STE 311

Address

NORTH MIAMI FL 33181

City/State and Zip Code

PAULA@BONSAI3LLC

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULA PITA DUMAINE

Name of Person

at (**305**) **892-7152**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BONSAI 3 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/27/2005 and assigned Florida document number L05000074065.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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14 APR - 2 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: PAULA PITA DUMAINE

New Registered Office Address: 12550 BISCAYNE BLVD STE 311

Enter Florida street address

NORTH MIAMI, Florida 33181

City

Zip 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DANIEL O GONCALVES	112550 BISCAYNE BLVD	<input type="checkbox"/> Add
		SUITE 311	<input checked="" type="checkbox"/> Remove
		NORTH MIAMI FL 33181	
MRGM	HUGO F GIORGI	112550 BISCAYNE BLVD	<input type="checkbox"/> Add
		SUITE 311	<input checked="" type="checkbox"/> Remove
		NORTH MIAMI FL 33181	
MRGM	FLAVIO C DUMAINE	112550 BISCAYNE BLVD	<input type="checkbox"/> Add
		SUITE 311	<input checked="" type="checkbox"/> Remove
		NORTH MIAMI FL 33181	
MGRM	HUGO F GIORGI	12550 BISCAYNE BLVD STE 311	<input checked="" type="checkbox"/> Add
		SUITE 311	<input type="checkbox"/> Remove
		NORTH MIAMI FL 33181	
MGRM	FLAVIO C DUMAINE	12550 BISCAYNE BLVD STE 311	<input checked="" type="checkbox"/> Add
		SUITE 311	<input type="checkbox"/> Remove
		NORTH MIAMI FL 33181	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

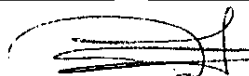
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 1, 2014



Signature of a member or authorized representative of a member

FLAVIO C DUMAINE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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