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(Re	equestor's Name)	
(Ac	ddress)	
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(Address)		
(Ci	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE



COVER LETTER

Division of Corporations	
SUBJECT: BONAL CONSULTING LLC	
(Name of Limited Liability (
The enclosed Articles of Amendment and fee(s) are submitted for filing	ng.
Please return all correspondence concerning this matter to the following	ng:
Lucile Bonal-Esco	ubet
Bonal Consulting LLC	• • • • • • • • • • • • • • • • • • •
(Firm/Compa	any)
1425 Hayes Street (Address)	
(Address)	
Hollywood, FL 33020 (City/State and Zi	
(City/State and Zi	p Code)
For further information concerning this matter, please call:	
Lucile Bonal - Escoubet at (95) (Name of Person)	54, 296 0559
(Name of Person)	(Area Code & Daytime Telephone Number)
	(Area Code & Daytime Telephone Number) + SLCRE TARY AHASSSet + Store & S60.00 Filing Fee: Y
Enclosed is a check for the following amount:	Sing For the Control of the Control
\$25.00 Filing Fee \$\ \text{S55.00 Filing Fee & S55.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\ \text{Certificate of Status}\$\$ (addition of the context of the contex	
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

Bonal Consulting

	(Present Name) (A Florida Limited Liability Company)		
FIRST: SECOND	The Articles of Organization were filed on OS/29/07 and assigned document number (000054970) Ein # This amendment is submitted to amend the following:		
	Please add MR Frederic Bonal, my husband,	_	
	as a manager on this LLC.	_	
	Same address as the LLC - 1425 Hayes St, Hollywood	- E/ :	2020
	I want him to have the same managing rights on		0020
		-	
	the company as me.	-	
	Thank you.	_	
		_	
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		2007 AUG	<u>. </u>
	HAS AS	- 90 -	
Dated	July 31, 2007	ယ	benhinds 0
	FLORID	PH 12: 2:	
	Signature of a member or authorized representative of a member	_ a	
	Lucile Bonal-Escoubet.		
	Typed or printed name of signee		

Filing Fee: \$25.00