

LO9000004047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

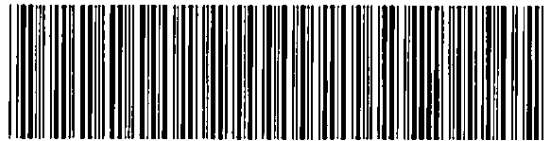
(Document Number)

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01/16/24--01037--019 **52.50

03/04/24--01001--002 **60.00

2024 FEB 16 AM 8:53

FILED

AB

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A. JOHN BONO, CPA, 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:

A. JOHN BONO, CPA

Name of Person

A. JOHN BONO, CPA, LLC

Firm/Company

2929 EAST COMMERCIAL BOULEVARD, SUITE 100

Address

FORT LAUDERDALE, FLORIDA 33308

City/State and Zip Code

JOHNBONO42@ATT.NET

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

For further information concerning this matter, please call:

A. JOHN BONO, CPA

954

914-9731

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED

A. JOHN BONO, CPA, LLC

2024 FEB 16 AM 8:53

(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 01/13/2009 and assigned
Florida document number L09000004047.

This amendment is submitted to amend the following:

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

BONO AND MCQUOID, CPA, LLC

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	NANCY BONO	2929 EAST COMMERCIAL BOULEVARD	<input checked="" type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FLORIDA 33308	<input type="checkbox"/> Change
AMBR	THOMAS MCQUOID	2929 EAST COMMERCIAL BOULEVARD	<input checked="" type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FLORIDA 33308	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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)

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.

D.H. Bone
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2024

A. JOHN BONO, CPA
2929 EAST COMMERCIAL BOULEVARD
SUITE 100
FORT LAUDERDALE, FL 33308

SUBJECT: A.JOHN BONO, CPA, LLC
Ref. Number: L09000004047

We have received your document for A.JOHN BONO, CPA, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

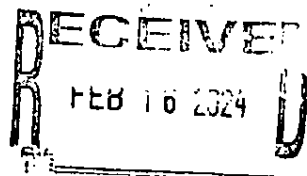
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Anissa Butler
Regulatory Specialist II

Letter Number: 324A00002353



A. John Bono, CPA, LLC.
Certified Public Accountants

2929 E. Commercial Blvd., Suite 100
Fort Lauderdale, FL 33308

February 9, 2024

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

Subject: A. JOHN BONO, CPA, LLC
Ref. Number: L09000004047

To Whom It May Concern,

Attached please find letter **324A00002353** with further instructions from the Florida Department of State – Division of Corporations for amending the Articles of Incorporation of a Florida Limited Liability Company.

We have included the correct form to amend the Articles of Incorporation of a Florida Limited Liability Company form, as well as an applicable check for \$60.00 made out to the Florida Department of State.

The original check we sent of \$52.50 is not enough funds to cover the fees applicable to our Filing Fee, Certificate of Status, and Certified Copy , as requested, and we kindly ask for our original check of \$52.50 to be disregarded.

If there are any further questions, please contact me at Johnbono42@att.net, or call (954) 914 – 9731.

Best Regards,

A. John Bono, CPA