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(Requestor's Name)
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PARTIES CONTRACTOR

COVER LETTER

Division of Cor	porations				
SUBJECT: BONT	TA SAFETY I	NSTITUTE, LC			
	Name of Em	med hading company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Monica	E. ALELIEZ Name of Person			
	BONTTA SAF	ETY ANSTRUTE.	uc		
	10911 BONHA	BEALL BO SE #1	041	2	<u></u>
	DONHA SP	MNGS, FIL 24135		22 SEP -6	INITIAL OF CORPORATION
	monica@t	MNGS, FL 24135 City/State and Zip Code Trafficshoolbanit	a.com	6 PH	CORE
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noti	fication)	РН 3: 35	
MONICA E	APPELLEZ	at (<u>239</u>) <u>390</u>	-9002-	-	•
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for th	ne 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 Fed Certificate of St Certified Copy (additional copy is c 	atus &	

TO: Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

and ass	igned
'iation "L.	L.C."
	
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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.

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>	Name	Address	Type of Action
MGRM	VEROVICA RUIZ	10911 BONTA BEACH AD. SE #	Ø4 □ Add
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record specifies a dela is filed.	ayed effective date, b	out not an effective	time, at 12:01 a.m.	on the earlier of: (b) The 90th day at	fter the
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