

L11000045530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2011 MAY -2 PM 4:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

C. LEWIS

MAY -4 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aventura Locksmith 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:

Don Bonomo
Name of Person

Firm/Company

P.O. BOX 85171
Address

Hallandale, FL 33008
City/State and Zip Code

aventuralocksmith@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Don Bonomo at (954) 351-0705
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2011 MAY -2 PM 4:08

Aventura Locksmith SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records.) TALLAHASSEE, FLORIDA
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/18/2011 and assigned
Florida document number L11000045530.

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)

18749 West Dixie Hwy
Miami, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 85171
Halldale, FL 33008

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:

Don Bonomo

New Registered Office Address:

18749 West Dixie Hwy

Enter Florida street address

Miami

City

, Florida

33180

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

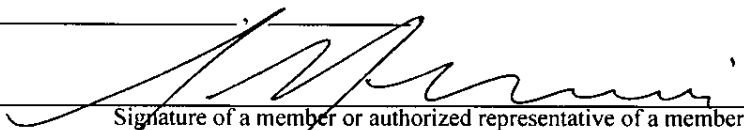
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Claudia Norvoni	18749 West Dixie Hwy Aventura, FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	YAN WINSTOCK	18749 West Dixie Hwy Aventura, FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Don Bonomo	18749 West Dixie Hwy Miami, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

* The only owner and register agent is Mr.
Don Bonomo *

* Address of office: 18749 West Dixie Hwy
Aventura, FL 33180

Dated _____


Signature of a member or authorized representative of a member

Claudia Norvoni

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA