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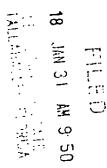
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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### COVER LETTER

TO: Registration Section Division of Corpora		-	
SUBJECT:	Name of Limit	ed Liability Company	<u> </u>
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponder	nce concerning this matter to	o the following:	
	1011	: Bondi	
- -	DBA 5a	Name of Person  VQ	Nogs
<u>-</u>	513 fai	II in Lot	rs Or
-	Mary Est	Har FL 3 City/State and Zip Code	2569
_	5a V-e U E-mail address: (to	nd v d a S	ach, com
For further information conce	rning this matter, please cal	II:	
Terri E Name of Per	Bondi.	at ( SSO) 582 Area Code Daytin	ne Telephone Number
Enclosed is a check for the fo	Howing amount:		
□ \$25.00 Filing Fee □	1 \$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

Bondi Beac		
(Name of the Limited Liability Comp. (A Florida Limited	inv as it now appears on our record: Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>しんのる/253</u> 96	were filed on	_20 H and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
The new name must be distinguishable and contain the words "Limited Nahi	fity 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)	Sene	A T
		W ["
Enter new mailing address, if applicable:  [Mailing address MAY BE A POST OFFICE BOX]	Sana	50 S O
3. If amending the registered agent and/or registered o		, enter the name of the nev
egistered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent: Sane		
New Registered Office Address:		
	Enter Florida street address	3
	, Flo	orida
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = N $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other then the street of th	date must be specific an	d cannot be prior to d	ate of filing or more th		ng.) Pursu		
ote: If the date inserted is ocument's effective date of			statutory filing requ	uirements, this da	te will no	ot be lis	sted a
			n effective time,	at 12:01 a.m	ı. on th	e ear	lier c
	the record is filed						
The 90th day after t	the record is filed	2018	<b>)</b>				
The 90th day after t	the record is filed	2018					
e record specifies a c The 90th day after t ated 1-24		2018	d representative of a r	nember			

Page 3 of 3

Filing Fee: \$25.00