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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor		•	
SUBJECT:	The Bont Gus	i LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Share	Sammer Name of Person	
		Sort Gol LL C Firm/Company	
			
	1001 VA	Address	
	Venice	FL 34293 City/State and Zip Code	
	inc Rer	City/State and Zip Code Town Unite & Compile Coto be used for future annual report notifications.	em fication)
For further information c	oncerning this matter, please ca		
Share So	Myrek	at (941) 685 - Area Code Daytime	G501
Name o	i reison	Area Code Dayning	e receptione 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)	S \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	etion
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con	LL C
(A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	my were filed on 6-6-2012 and assigned
Florida document number <u>L1200075951</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
Sommettime MPittre So. The new name must be distinguishable and contain the words "Limited Lie	Authors LLC ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	346 SCABOAKO AUC
(Principal office address MUST BE A STREET ADDRESS)	Venice FL 34285
Enter new mailing address, if applicable:	1001 UARET 120 E
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office	ce address on our records, enter the name of the new registered
agent and/or the new registered office address here:	. Lu
Name of New Registered Agent: Shr	is Sommers
New Registered Office Address: 100)	Uniting 12D Enter Florida street address
Veni	· · · · · · · · · · · · · · · · · · ·
	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>	Address	Type of Action
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			□Change
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lf an ef <u>Note:</u>	tive date, if other than the date of filing: 1-24-22 (optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	rd 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
	nea.
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