113000069929

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PICK-UP WAIT MAIL
(Business Entity Name)
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O SIMMONS JUL 0 8 2020 Incorporating Services, Ltd.

3500 S DuPont Highway Dover, DE 19901 302.531.0855

Fax: 302.531.3150 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

1

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 7/7/2020

PRIORITY J Regular Approval

OUR REF # (Order ID#) 836779

ORDER ENTITY
BONTAX LLC

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File the attached amendment

NOTES: \$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, July 7, 2020 Page 1 of 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 JUL -7 AN 7: 53

	BONT	AX LLC					
(Name of the Limit	ed Liability Comor (A Florida Limited	ny as it now appears Liability Company)	on our records.)				
ne Articles of Organization for this Limited L lorida document number L13000069929	iability Company	were filed on May	and assigned				
his amendment is submitted to amend the foll	owing:						
A. If amending name, enter the new name o	f the limited liab	ility company her	<u>e</u> :				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	ignation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if appli-	cable:	7950 NW 53rd St	reet, Suite 337				
(Principal office address MUST BE A STRE	ET ADDRESS)	Miami, Florida 33166					
Enter new mailing address, if applicable:		7950 NW 53rd Str	reet, Suite 337				
(Mailing address MAY BE A POST OFFICE	BOX)	Miami, Florida 33	1166				
B. If amending the registered agent and/or agent and/or the new registered office address: New Registered Office Address:	registered office a ess here: Incorporating S	Services, Ltd.	ords, enter the name of the new register				
thew registered Office Address:			Street address				
	Tallahassee		, Florida 32301				
		Cip	Zip Coda				

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 = M $AMBR = A$	lanager .uthorized Member	2020 JUL -7 AN 7:53	
<u>Title</u>	Name	Address	Type of Action
			□Rcmove
			□ Change
			□ Add
			□Remove
			□Add
			□ Remove
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		·	□ Add
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			Change
			□ Remove
			☐ Change
			□ Add
			□Remove

□ Change

Effective date if other than the date of fill	ing: (optional)
(If an effective date is listed, the date must be specific	ing: (optional) and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note: If the date inserted in this block does no document's effective date on the Department o	at meet the applicable statutory filing requirements, this date will not be listed as
Goddinan v citotive date on the 2 spanning	
	and an afficiency time at 12001 and on the english of the The 90th day after the
he record specifies a delayed effective date, but noord is filled.	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ore is those.	
144 4 2 1 1 1	1020
Dated 6th day of July	_,
. 0 1	421V
Signature of	a niember or authorized representative of a member
Signature of	a member of authorized representative of a member
Letici	- Zambra
	Typed or printed name of signer

Filing Fee: \$25.00