

L130000155694 ✓

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

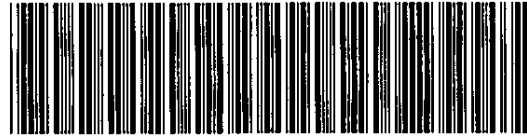
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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B. BOSTICK  
DEC - 6 2013

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **BON BINI PROPERTIES, 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:

**RUSSELL STEPHEN CONNELL**

Name of Person

**BON BINI PROPERTIES, LLC.**

Firm/Company

**1905 NW 137TH TER**

Address

**PEMBROKE PINES, FL, 33028**

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2013 DEC -5 PM 5:01  
TALLAHASSEE, FL 32301

**BON BINI PROPERTIES, LLC.**

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11.04.2013 and assigned Florida document number L13000155694.

**A. If amending name, enter the new name of the limited liability company here:**

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

***(Mailing address MAY BE A POST OFFICE BOX)***

**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:

RUSSELL CONNELL

**New Registered Office Address:**

1905 NW 137TH TER

Enter Florida street address

## PEMBROKE PINES

Florida 33028

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 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>
MGRM	CONNELL, RUSS	1905 NW 137TH TERRACE	<input type="checkbox"/> Add
		PEMBROKE PINES, FL, 33028	<input checked="" type="checkbox"/> Remove
MGRM	CONNELL, RUSSELL	1905 NW 137TH TERRACE	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL, 33028	<input type="checkbox"/> Remove
MGR	CONNELL, LAURIE	1905 NW 137TH TERRACE	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33028	<input checked="" 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.)

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Dated DECEMBER 04, 2013.



Signature of a member or authorized representative of a member

RUSSELL CONNELL

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 DEC -5 PM 5:01  
FALLAPASSETT, JORIN