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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
Bonnet La	ke Holdings LLC		
SUBJECT:	Name of Lim	ited Liability Company	
·	S A and an and for (a) and and	units of Con Elina	
	f Amendment and fec(s) are sub		
Please return all corresp	ondence concerning this matter	to the following:	
	Talia Krugman-Kadi		
		Name of Person	
	Bonnet Lake Holdings LLC	3	
		Firm/Company	
	204 37th Street N #124		
	••	Address	
	St. Petersburg, FL 33704		
		City/State and Zip Code	
	Taliaksquared@gmail.com	to be used for future annual report notif	Section)
For further information	concerning this matter, please ca	·	,
Talia Krugman-Kadi		352 870-0618	
Name	of Person	at () Area Code Daytime	e Telephone Number
,			
Enclosed is a check for	the following amount:		
VI \$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)
34 ····		C4 A 44	
Mailing Addro Registration	Section	Street Address: Registration Sec	
Division of P.O. Box 63	Corporations 27	Division of Cor The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bonnet Lake Holdings LLC

(<u>Name of the Limited Li</u> (A F	ability Compa lorida Limited l	i <mark>ny as it now appears on o</mark> Liability Company)	ur records.)	
The Articles of Organization for this Limited Liabil Florida document number 1.14000001358	ity Company	were filed on $\frac{01/03/20}{}$)14	and assigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liab	ility company here:		
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designa	tion "LLC" or the abo	reviaties"L.L.C."
Enter new principal offices address, if applicable	:	834 E University Ave	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		Gainesville, FL 32601		3 7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		204 37th Street N	T DO NO	AM 10: 59
		St. Pertersburg, FL 33	3704	
B. If amending the registered agent and/or registagent and/or the new registered office address he Name of New Registered Agent:	<u>ere</u> :	address on our record lly - Brigand Solutions L		of the new regis
	(01.6	. D.		
New Registered Office Address:	691 Sommers	et Drive Enter Florida str	evat addrage	 . <u>-</u>
		emer r toriaa sir		
<u>L</u>	argo		, Florida ³³⁷	73
		City		Zip Code

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.

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
MGR	Talia Krugman-Kadi	204 37th Street N	B Add
		#124	□Remove
		St Petersburg, FL 33704	■Change
MBR	Susan Krugman-Kadi	1920 SW 44th Ave	
		Gainesville, FL 32608	□Remove
			\equiv Change
			□Add
			□Remove
			□Change
		 	
		<u> </u>	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove

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ective date, if other than the date	of filing:		(optional)	
a effective date is listed, the date must be sp te: If the date inserted in this block do tument's effective date on the Departn	oes not meet the applica			
cord specifies a delayed effective date s filed.	, but not an effective tii	me, at 12:01 a.m. on the	earlier of: (b) The 90tl	h day after the
	(
ed March 23	2023		_	
	$(\ \) \land \ \ $	^		

Typed or printed name of signee