

U4000050329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

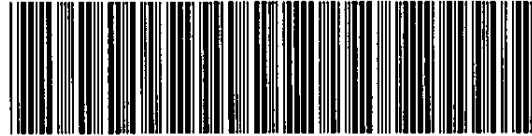
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 29 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bond Homebuyers, 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:

Tamara M Bond
Name of Person

Bond Home Buyers, LLC
Firm/Company

450 State Rd 13N #141
Address

St. Johns, FL 32259
City/State and Zip Code

bond homebuyers@gmail.com
E-mail address: (to be used for future annual report notification)

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19 OCT 28 PM 3:05
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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Tamara M Bond at (904) 552-1388
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Bond Homebuyers, LLC

Page 1 of 3

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|---------------------|---|
| MGR | John M Bond Jr | 450 State Rd 13N | <input checked="" type="checkbox"/> Add |
| | | #141 | <input type="checkbox"/> Remove |
| | | St. Johns, FL 32259 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 26, 2015

InBard

Signature of a member or authorized representative of a member

Tamara M Bond

Typed or printed name of signee