#L14000124780

| (5) | | |
|-------------------------|--------------------|-----------|
| (Re | equestor's Name) | |
| (Ac | ldress) | |
| (Ac | ldress) | |
| | _ | |
| (Cit | ty/State/Zip/Phone | ; #) |
| PICK-UP | WAIT | MAIL |
| (Bı | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| Į. | | |
| • | Office Use On | ly |



000264228730

09/18/14--01019--017 **35.00

SECRETARY OF STATE



September 24, 2014

THE BOND 1907 LLC JENNIFER HERNANDEZ 1080 BRICKELL AVE. 1907 MIAMI, FL 33137

SUBJECT: THE BOND 1907 LLC Ref. Number: L14000124780

We have received your document for THE BOND 1907 LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 214A00020543

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| TO: | Registration Section |
|-----|--------------------------|
| | Division of Corporations |

SUBJECT: The bond 1907, LCC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

| Serviler Hemandez |
|--|
| The bond 1907, 1-60 |
| 1080 Brickellave, 1907 |
| Minni, Fl 32137 |
| Shewandez @ westraps. com |
| E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

Jenniu Hernandez at 305 731-4714

Name of Person

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$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)

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

| ARTICLES OF A | MENDMENT FILE |
|--|--|
| ARTICLES OF O | PROMIZATION 284 or |
| OI | F 10LF 29 PM 12 2 |
| The Bond 1907 (Name of the Limited Liability Comparing (A Florida Limited B | 1 COMMASSEE, FLORIALE |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L14000134</u> . 7 | were filed on 8/8/14 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabing the new name must be distinguishable and end with the words "Limited Liabing the new name must be distinguishable and end with the words "Limited Liabing the new name must be distinguishable and end with the words "Limited Liabing the new name must be distinguishable and end with the words "Limited Liabing the new name of the limited liabing the new name of the new name of the limited liabing the new name of the limited liabing the new name of the new nam | ······································ |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | WIA |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | NA |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | fice address on our records, enter the name of the new |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Clorida street address, Florida |
| | 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

| MGR = 1 | Managar | | FILEL | J. |
|---------------|-------------------|-----------------|-------------------|----------------|
| AMBR = | Authorized Member | | 2014 SEP 29 PM 10 | |
| <u> Citle</u> | Name | Address | SLONETARY OF STA | Type of Action |
| | | | - FLOR | /[[],□ Add |
| | | | | □ Remove |
| | | | | Add |
| | | \ -\ | | Remove |
| | | | | |
| | | | \ | Remove |
| | | | | Add |
| | | | | Remove |
| · | | | | □ Add |
| | | | | □ Remove |
| | | | | |
| | | | | □ Remove |

| (The effecti | e date, if other than the date of filing: |
|--------------|---|
| Dated _ |)C+Ober 3 . 2014. |
| | - All |
| | Signature of a mamber or authorized representative of a member Son Col Z H Con Hono Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

2814 SEP 29 PH 12: 32