

L15000063019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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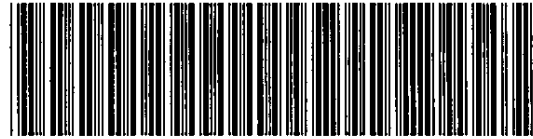
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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SEP 13 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

BONJOUR, 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:

José Antonio Gutierrez

Name of Person

[Signature]

Firm/Company

6010 NW 104 ct

Address

Doral, FL 33178

City/State and Zip Code

GUTIERREZJA@hotmail.com

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

For further information concerning this matter, please call:

Jose A. Gutierrez

Name of Person

at (786)

Area Code

488-8884

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 AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Bonjour, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/10/2015 and assigned
Florida document number L15000063079

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

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

16650 SW 88th Street Ste 104
MIAMI, FL 33196

Enter new mailing address, if applicable:

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

6010 NW 104 Ct
DORAL, FL 33178

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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TALLAHASSEE, FLORIDA

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>
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MGR	Rodriguez Soto, Filomena	2500 NW 79 AVE STE 124	<input type="checkbox"/> Add
		DORAL, FL 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGR	Rodriguez Soto, Filomena	2500 NW 79 AVE STE 124	<input type="checkbox"/> Add
		DORAL, FL 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGR	Rodriguez Soto, Carlos	2500 NW 79 AVE STE 124	<input checked="" type="checkbox"/> Add
		DORAL, FL 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGR	Antonio Garcia	2500 NW 79 AVE STE 124	<input checked="" type="checkbox"/> Add
		DORAL, FL 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Handwritten: A large diagonal line is drawn across the entire section, indicating no changes.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 09 / 07, 2016
Signature of a member or authorized representative of a member

JOSE ANTONIO GUTIERREZ
Typed or printed name of signee

SECRETARY OF STATE
TREASURER
COMMISSIONER
FLORIDA

2016 SEP 12 12:29

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