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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 26 2015
J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BONTEMPO BOCA RATON 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:

MARCOS REZENDE

Name of Person

CSG - CAPITAL SERVICES GROUP, INC.

Firm/Company

446 W HILLSBORO BLVD

Address

DEERFIELD BEACH, FL 33441

City/State and Zip Code

ALEXANDRECANALI@GMAIL.COM

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

For further information concerning this matter, please call:

NATALIA MEDEIROS

954 427-4770
at ()

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 AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BONTEMPO BOCA RATON 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 05/18/2015 and assigned
Florida document number L15000087218.

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)

3501 N FEDERAL HWY

BOCA RATON, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3501 N FEDERAL HWY

BOCA RATON, FL 33431

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

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

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>
AMBR	AKASA PARTICIPACOES LTDA	1000 SPANISH RIVER RD #4P	<input type="checkbox"/> Add
		BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUSA BR CORP	1000 SPANISH RIVER RD #4P	<input type="checkbox"/> Add
		BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALEXANDRE CANALI	3501 N FEDERAL HWY	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ANDREA CANALI	3501 N FEDERAL HWY	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	S19, INC	3900 NE 19TH RD # 106	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BELLA CASA DESIGN CORP	1000 SPANISH RIVER RD #4P	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 AUG 25 AM 10:01
SECURITY OFFICIAL
EAST AFRICA/STC/LEON

15 AUG 25 AM 0:08
SOUTHERN CRUISE
TALLAHASSEE, FLORIDA

(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.

Dated August 19th 7, 2015

Signature of ~~a member~~ or authorized representative of a member

MARCOS REZENDE - INCORPORATOR

Typed or printed name of signee