

LIS000123554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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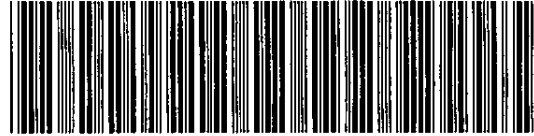
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan SEP 2 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 306 BONNIE 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:

ARTI PANDYA

Name of Person

Firm/Company

130 WOOD AVE

Address

ISELIN, NJ 08830

City/State and Zip Code

artipandya@hotmail.com

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

For further information concerning this matter, please call:

ARTI PANDYA

Name of Person

at (848)

Area Code

248-1788

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

306 BONNIE LLC

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/20/2015 and assigned
Florida document number L15000123554

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)

130 WOOD AVE
ISELIN, NJ-08830

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

130 WOOD AVE
ISELIN, NJ 08830

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:

ARTI PANDYA

New Registered Office Address:

2013 LINCOLN-A

Enter Florida street address

BOCA RATON, Florida 33434
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.

Apandya

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	ARTI PANDYA	130 WOOD AVE, ISELIN, NJ 08830	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MONICA THACKER	1169 NW 13 th STREET #9	<input type="checkbox"/> Add
		Boca Raton, FL - 33486	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHAEL THACKER		<input type="checkbox"/> Add
		9016 Villa Portofino Circle	<input checked="" type="checkbox"/> Remove
		Boca Raton, FL - 33496	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2015 AUG 31 PM 1:47

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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 28th August, 2015.

Apandya

Signature of a member or authorized representative of a member

ARTI PANDYA

Typed or printed name of signee