

11 Aug 15 10:02

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : PRIME KEYS SOLUTIONS, LLC
Account Number : 120140000094
Phone : (305) 856-6121
Fax Number : (305) 856-6122

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: OSantini@bellsouth.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BONIFACIO SOLUTIONS LLC.

| | |
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August 11, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BONIFACIO SOLUTIONS LLC.
1541 BRICKELL AVENUE
1806
MIAMI, FL 33129

SUBJECT: BONIFACIO SOLUTIONS LLC.
REF: L15000134680

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted is incomplete. Please complete second and third.

Please enter the type of document to be corrected in the third section of the form.

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.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H15000192826
Letter Number: 415A00016847

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TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

H150001928263

TO: Registration Section
Division of Corporations

SUBJECT: BONIFACIO SOLUTIONS LLC.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arianne Baullosa

Name of Person

PRIME KEYS SOLUTIONS LLC

Firm/Company

1541 BRICKELL AVE STE. 1806

Address

MIAMI, FL 33129

City/State and Zip Code

OSANTINI@BELLSOUTH.NET

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

For further information concerning this matter, please call:

Arianne Baullosa

Name of Person

at (305)

Area Code

856-6121

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

H150001928263

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: BONIFACIO SOLUTIONS LLC.

SECOND: The Florida Document number of the limited liability company is: L15000134680

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION
Please change name of LLC (see below)

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Please change the name to BONIFACIO CORPORATE SERVICES LLC.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 AUG 11 AM 8:52

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8/10/15

Filing Fee: \$25.00
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