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SECRETARY OF STATE STATE OF STATE OF STATE OF STATE OF ATTOMS
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JOHNING TO THE

COVER LETTER

TO: Registration Division of C			
BONNIR	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		GABRIEL E. ROSSI	
		Name of Person	
		BONNIR LLC	
		Firm/Company	
		2517 NE 21st STREET	
		Address	
	FO	RT LAUDERDALE, FL 33305	
		City/State and Zip Code	
	RC	GUMAX@BELLSOUTH.NET	
	E-mail address: (to be used for future annual report notific	cation)
For further information	n concerning this matter, please c	all:	
GABRIEL E. ROSSI		954 465-4714	
Name	e of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	r 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)
<u>Mailing Addi</u> Registration		Street Address: Registration Sect	tion
-	Corporations	Division of Corp	orations
P.O. Box 6		The Centre of Ta	
Lallahassee	:. FL 32314	2415 N. Monroe	Street, Suite \$10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BONNI	R LLC	
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited I		were filed on 11-04-2015	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited lial	oility company here:	
	N/A		
The new name must be distinguishable and contain the	words "Limited Liab	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)	<u>_</u>	
Enter new mailing address, if applicable:		N/A	<u>,,, , , , , , , , , , , , , , , , , , </u>
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addr	•	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A	<u>. </u>	
		Enter Florida street address	•
		, Flo	orida
		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 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>	Address	Type of Action
AMBR	CLAUDIA PRINE	2517 NE 21st STREET	= Add
	FORT LAUDEDALE, FL 33305	□Remove	
			□Change
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
		<u></u>	□Remove
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	N/A
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fective d	ate, if other than the date of filing: (optional)
an effective ote: If the	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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocument's	effective date on the Department of State's records.
record spe Lis filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
i is med.	
ated APR	IL 11th. 2022
ateu	
	Clitter.
	(Signature of a member or authorized representative of a member)
	GABRIEL A. ROSSI

Filing Fee: \$25.00