L15000197472

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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09/30/24--01020--014 **115.00

2024 SEP 30 AM 2: 22

COVER LETTER:

TO: Registration S Division of Co			
Bonafide F SUBJECT:	Restoration and Floor Care, LL	c	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are suf	unitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Arden Corday		
	***************************************	Name of Person	
	Bonafide Restoration and	Floor Care, LLC	
		Firm Company	
	1650 Sterling Silver Blvd.		
		Address	
	Deltona, FL 32725		
		City/State and Zip Code	
	bonafidecarpet(a, yahoo.con		·····
Was Could as Indiana all a		to be used for future annual report notifi	cation)
ror turiner information c	concerning this matter, please c	all:	
Arden Corday		321 948-1843	
Name o	d Person	at ()	Telephone Number
Enclosed is a check for il	he following amount:		
11 \$25,00 Filing Fee	(*) \$30.00 Filing Fee & Certificate of Status	[3] \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2024 SEP 30 AM 2: 22

tion and Floor Care, LLC

SECTION OF STATE

(Name of the Limited Liability Company as it now appears on our records) SEE; FL

(A Florida Limited Liability Company) Bonalide Restoration and Floor Care, LLC

The Articles of Organization for this Limited Liability Comp	any were filed on 11/23/201	and assigned
Florida document number L15000197472		
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 "I united I	nability Company," the designation	o "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi	ice 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 Zip Code
	City	Zip Cente

New Registered Agent's Signature, il 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
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		Deltona F1, 32725	
			UChange
CEO	Aiden Corday	1650 Sterling Silver Blvd,	≣ Add
		Deltona F1. 32725	FiRemove
		***	LlAdd
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Filing Fee: \$25.00