160000 29809

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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JUL 23 2020



OCT 1 9 2020 S. YOUNG



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Letter Number: 720A00017231

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 28, 2020

BONNIE ROBINSON BONNIE ROBINSON LLC 1550 SW 191ST TERRACE PEMBROKE PINES, FL 33029

SUBJECT: BONNIE ROBINSON ANGUEIRA LLC

Ref. Number: L16000029809

We have received your document for BONNIE ROBINSON ANGUEIRA LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Shelia S Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	France Robinson Name of Limit	Angueira LLC.	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Bonnie	Name of Person	- -
	- Bonie P	Sobinson Fine Art Ul Firm/Company	<u>.C.</u>
	1101 Poincis	ina DR. Stuck 13	
		City/State and Zip Code	
	Bovinie (6) . E-mail address: (1	Bonnie Robinson (ine ar	+, iGM ation)
For further information c	oncerning this matter, please co	all:	
Ponnie Name c	Publin Soin.	at (<u>365)</u> <u>978 –</u> Area Code Daytime	2348 Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
		Steamt Addenses	

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

Bonnie Rob (Name of the Limited (A) The Articles of Organization for this Limited Liab Florida document number	ility Company v	ity company here:	Our records.)	1020 OCT - 8 10 12: 42	Signal
The new name must be distinguishable and contain the word	ls "Limited Liabili	y Company," the design:	ution "LLC" or the	abbreviation "I	tC,"
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)			nciana s ke Pines,		
Enter new mailing address, if applicable:		STUD	018		
(Mailing address MAY BE A POST OFFICE BQ	<u>)X)</u>	1101 7 temp	Poinciana Pokse_Pir	es, Ec	<u>E (Stopiol3)</u> 33025
B. If amending the registered agent and/or reg agent and/or the new registered office address l		ddress on our record	is, <u>enter the na</u>	ime of the ne	w registered
Name of New Registered Agent:	<u></u>	onnie Rodan	ison		
New Registered Office Address:		TUDIO (8 11 Enter Florida st E. City	reet address		ive (Storain)

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>	Address	Type of Action
			CJAdd
			□□□□Remove
			□Change
			□Add
			□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
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an effective dat	e, if other than the date of filing:	. 157117
<u>ote:</u> If the da	tte inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	ed as
ocument s eH	ective date on the Department of State's records,	
record specifī Lis filed,	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	rthe
is then,		
ated	<u> 10+ 8 20 20</u>	
	Signature of a member or authorized representative of a member	
	Bonnie Hobinson Typed or primed name of signee	