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(City/State/Zip/Phone #)

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CLERK OF COURT  
JULIA M. BROWN

OCT 14 2016  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bon-hare Appetit 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:

Suzanne M Bonhare  
Name of Person

Nature's Way Cafe  
Firm/Company

3731 FAU Blvd #10  
Address

Boca Raton FL 33431  
City/State and Zip Code

Smb9090@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne M Bonhare at (561) 779-1122  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Bon-have Appetit, Uu

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
Vice President AMBR	Ross Gaffney	6911 NW 84th Ave	<input checked="" type="checkbox"/> Add
		Parkland, FL 33067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 10, 2016.

Suzanne M. Bonhoure  
Signature of a member or authorized representative of a member  
Suzanne M. Bonhoure  
Typed or printed name of signee

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**Filing Fee: \$25.00**

FILED  
FLORIDA DEPARTMENT OF STATE  
16 OCT 14 PM 1:00