

L1700000 6104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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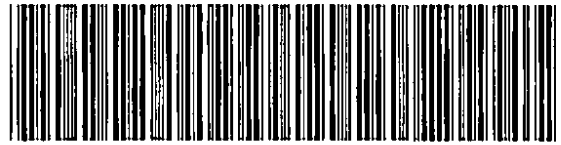
(Business Entity Name)

(Document Number)

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2019 JAN 28 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 29 2019
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bon Gait BBA & Catering 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:

Edward Rawson

Name of Person

Bon Gait BBA & Catering LLC

Firm/Company

99 NW 57th ST

Address

Miami, FL 33127

City/State and Zip Code

rawson.edward@gmail.com

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

For further information concerning this matter, please call:

Edward Rawson

Name of Person

at (305)

Area Code

395 9812

Daytime Telephone Number

Enclosed is a check for 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)

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bon Gout BBQ & Catering LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L170000006104

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Bon Gout BBQ & Catering LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC," or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

99 NW 54th St
Miami FL 33127

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

99 NW 54th St
Miami FL 33127

B. If amending the registered agent and/or registered office 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:

Edward Rawson

New Registered Office Address:

99 NW 54th St

Enter Florida street address

Miami

Florida

33127

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

...announcing 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Lucely, Jean S	5851 NE 2nd ave	<input checked="" type="checkbox"/> Add
		Miami FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bissaint, Wesley	910 NW 128th St	<input checked="" type="checkbox"/> Add
		N Miami FL 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rawson, Edward	92 NE 117th St	<input checked="" type="checkbox"/> Add
		Miami FL 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Registered agent	Therstal, Mark	5851 NE 2nd ave	<input checked="" type="checkbox"/> Add
		Miami FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be filed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

Jan. 8 2019

Signature of a member or authorized representative of a member

Edward Rawson

Typed or printed name of signee