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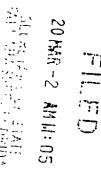
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Tallahassee, Fl. 32314

Division of Cor	porations		
SUBJECT:	28500 BONIT	a Crussing, LL ted Liability Company	-U
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Brady Co	Name of Person	
		Firm/Company	
	1112 N. A	Flagur Dnve	
	Fort Lande	HAU, FL 3330	<u> </u>
	brady (a) Sol	City/State and Zip Code  O bo bol. 10 M  o be used for future annual report noti	fication)
	concerning this matter, please co		
Name o	Fender	at (A54) 527- Area Code Daytim	e 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration	Section	Street Address: Registration Se	
Division of C P.O. Box 633	•	Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

28500 Bonit	Liability Con Florida Limit	DSS   npany as ed Liabil	na, L	LU ears on ou	r records.)			
The Articles of Organization for this Limited Liab	oility Compa 34	iny wer	e filed on _	01/0	13/20	19	and assig	ned
This amendment is submitted to amend the follow	ring:							
A. If amending name, enter the new name of the	he limited li	iability	company	<u>here</u> :				
The new name must be distinguishable and contain the word	ds "Limited Li	iability C	ompany," th	e designati	ion "LLC" or	the abbrevi	ation "L.L.	C."
Enter new principal offices address, if applicab		_	. <u>-</u>	· <b>-</b> -				
(Principal office address MUST BE A STREET.	<u>ADDRESS)</u>	<u> </u>				21.	ر <del>برد .</del> 1- 2-	
The state of the s		_	<u>.                                     </u>				. A.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						7 10 10 10 10 10 10 10 10 10 10 10 10 10		
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered offi <u>here</u> :	ce addı	ress on ou	r record:	s, <u>enter th</u>	e name of	the <u>new</u>	registered
Name of New Registered Agent:	D.A.	Edo	IN. PI	_L( <u>/</u>				
New Registered Office Address:	1112	N		U.Y.	<u>D</u> ÝV vei address	<i>U</i>		<del></del>
	tort	Lau	_		Flori	da <u>3</u>	330L lip Code	
New Registered Agent's Signature, if changing Re	gistered Age	ent:						

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Steven Avalun	1112 N. Flagur Drive	🗆 Add
		Fort Laudundal, FL 337	ix Remove
			□Change
AMBR	Brady Cobb	1112 N. Flagur Dhva	(X)/Add
		Fort Landudal, FL 353	
			🗆 Change
			🗆 Add
			□Remove
		<u></u>	□Change
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ffective date, i	if other than the dis listed, the date must	date of fili	ing:	nrior to date of	filing or more	than 90 days at	itional) ter filing.) Pu	suant to 6	605.020
iote: If the date	inserted in this blo tive date on the De	ick does no	t meet the ap	oplicable stat	utory filing re	quirements.	his date will	not be l	isted as
ocument s errec	tive date on the fac	paramento	i state s rece	orda.					
record specifies	s a delayed effective	date, but n	iot an effecti	ve time, at 1.	2:01 a.m. on t	he earlier of:	(b) The 90	th day a	fter the
d is filed.									
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nated 1017	1,0010			<del>2</del> /					
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Filing Fee: \$25.00