

L20000043188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

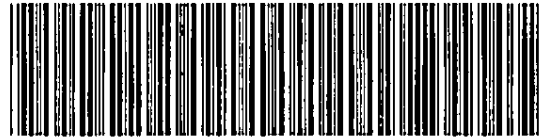
(Document Number)

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FILED  
2020 MAR 20 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 23 2020

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Bon Voyage I 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:

Rick Bishop

Name of Person

Bon Voyage I LLC

Firm/Company

800 NE 45th St Suite C

Address

Oakland Park FL 33334

City/State and Zip Code

kimchuf@gmail.com

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

For further information concerning this matter, please call:

Kimberly Huf

954

444-5473

at ( )

Name of Person

Area Code

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 Address:**

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

**RECEIVED**

FEB 20 2020

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

Bon Voyage 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 2/6/2020 and assigned  
Florida document number 1,20000043188.

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 "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)**

800 NE 45th St Suite C

Oakland Park FL 33334

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

800 NE 45th St Suite C

Oakland Park FL 33334

**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:

Rick Bishop

New Registered Office Address:

800 NE 45th St Suite C

*Enter Florida street address*

Oakland Park

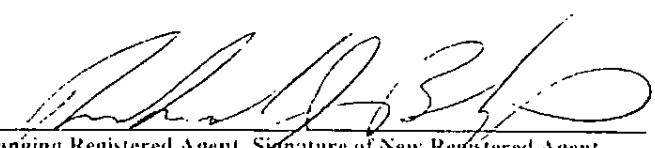
Florida 33334

*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.*

  
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Kimberly Huf	800 NE 45th St Suite C	<input checked="" type="checkbox"/> Add
		Oakland Park FL 33334	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rick Bishop	800 NE 45th St Suite C	<input checked="" type="checkbox"/> Add
		Oakland Park FL 33334	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Catherine Vassallo	800 NE 45th St Suite C	<input checked="" type="checkbox"/> Add
		Oakland Park FL 33334	<input 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

2020 MAR 26 AM 10:31  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2020 MAR 20 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 MAR 20 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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)

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.

Shirley M. Hay  
Signature of a member or authorized representative of a member:

Typed or printed name of signee

**Filing Fee: \$25.00**