

L20 000104397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

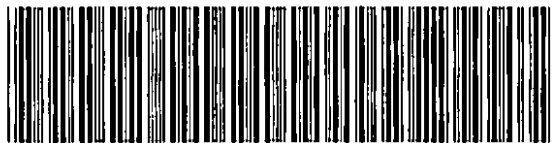
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JUN 15 PM 4:07

Handwritten signature: Albritton

JUL 21 2020

I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bonavie Cares 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:

Emmanuel Manigat

Name of Person

Bonavie Cares LLC.

Firm/Company

2079 Island walk Dr

Address

Orlando, Florida 32824

City/State and Zip Code

emmanuelmanigat@ymail.com

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

For further information concerning this matter, please call:

Emmanuel Manigat

407

334-6420

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

_____ and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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 "L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2079 Island Walk dr

(Principal office address MUST BE A STREET ADDRESS)

Orlando , Fl 32824

Enter new mailing address, if applicable:

2079 Island walk dr

(Mailing address MAY BE A POST OFFICE BOX)

orlando .F1 32824

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:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
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>
MGR	Gregory B. Cadet	2079 island walk Dr	<input checked="" type="checkbox"/> Add
		orlando , Fl 32824	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	<i>Gregory Cadet</i> Gregory Cadet	2079 island- walk dr	<input type="checkbox"/> Add
		Orlando ,Fl 32824	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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