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COVER LETTER

TO:

Registration Section

Divisi	ion of Cor	porations		
SUBJECT:	Frensy	y's Restaurants LLC		
_			nited Liability Company	
The analysis A	Look Laborate	A		
		Amendment and fee(s) are su		
Please return al	ll correspo	ndence concerning this matte	r to the following:	
			Steven Bonilla	
			Name of Person	
			Firm/Company	
		1	130 Redman St Unit A	
			Address	
			Orlando FL 32839	
			City/State and Zip Code	
			iimprovements@gmail.co	
For further info	rmation co	ncerning this matter, please c		nycarony
Ste	even Bo	<u> </u>	at (305) 570-72	276
	Name of	Person		te Telephone Number
Enclosed is a ch	eck for the	following amount:		
⊠ \$25.00 Filir	ng fiee	☐ \$30.00 Fiting 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)
Regist Divisi P.O. B	g Address: tration Se on of Co Box 6327 bassee, FI	ection rporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fre	ensy's Restaurants LLo	$C = \frac{\alpha_{IB}}{\alpha_{IB}} = \frac{2^{n}}{2^{n}} L$	9:46
(Name of the Limited Liah (A Flor	oility Company as it now appea ida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	July 13, 2020	and assigned
Florida document numberL20000201595			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company h	<u>ere</u> ;	
Boni Improvements LLC			
The new name must be distinguishable and contain the words "Li	imited Liability Company," the c	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
			and assigned reviation "L.L.C." of the new registered
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our re	ecords, <u>enter the name</u>	of the new registere
the messages of the address here.	•		
Name of New Registered Agent:		_	
New Registered Office Address:			
	Enter Flor	ida street address	
		Florida	
	City	• ivilua	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>	Address	English They	Type of Action
<u>AMBR</u>	Steven Bonilla	1130 Redman St		□Add
		Unit A		□Remove
		Orlando FL 32839		🖟 Change
				⊠Remove
				□Change
				□Adđ
				□Remove
				□Change
<u> </u>		-		□Add
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ctive date, if other than the date of filing:	(ptional)
effective date is listed, the date must be specific and cannot be prior to E. If the date inserted in this block does not meet the applicable property of the date inserted in this block does not meet the applicable property of the date.	ole statutory filing requirements	atter tiling s, this date	2.) Pursuant to 605.0 2 will not be listed
iment's effective date on the Department of State's records.			
ecord specifies a delayed effective date, but not	an effective time, at 12:	01 a.m.	on the earlie
ne 90th day after the record is filed.			
dAugust 21 / 2029 /	/,		
	2		
Jew Harland			
Signature of almember or authori	ized representative of a member		