K2000020H1H9

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	···
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	ou AS	
Q. \$	SILVO	
APR	SILAS 1 3 2022	

Office Use Only



800381019888

RECEIVED

MAR 25 2022

03/28/22--01003--003 +425.00



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Bambas	MUSIC CENTER Name of Lin	CONTENTENCE Stor nited Liability Company	er UC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CLERVIL, FORTUNE	3	
		Name of Person	
	BOMBO MUSIC CENTE	R CONVENIENCE STORE LLC	
		Firm/Company	
	2327 NE 5TH AVE		
		Address	
	POMPANO BEACH, FL	33064 US	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	all:	
ANGEL SHEPPARD		954 778-3326 at ()	
Name of	`Person		: Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	S30.00 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

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

FILED

BOMBO MUSIC CENTER CONVENIENCE STORE LLC

2022 MAR 25 PM 12: 3!

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company) SEURE IA TALLAF	RY OF STATE IASSEF, FL
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number L20000204149		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
BONBO WNV BA SOSYAL LLC.		
The new name must be distinguishable and contain the words "Limited Liabit	ity 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)		
Enter new mailing address, if applicable:	PO BOX 667802	
Mailing address MAY BE A POST OFFICE BOX)	POMPANO BEACH FL	
	33069	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	nddress on our records, <u>enter the</u>	name of the new regis
New Registered Office Address:		
The registered Office Addices.	Enter Florida street address	
	, Florid	9

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 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	Type of Action
			🗀 Add
			□ Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		🖸 Remove	
		□Change	
			□Add
			□Remove
			Change

_	
_	
_	
_	
_	
-	
_	
_	
_	
_	
_	
Note: 1	tive date, if other than the date of filing:
ne record ord is file	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 d.
Dated _	FEB. 11, 2022
	Signature of Hember or authorized representative of a member
	Angel Sheppand Typed or printed name of signee

Filing Fee: \$25.00