L20000 260002

(Requestor's Name)
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(City/State/Zip/Phone #)
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09/22/20--01031--030 **25.00

OCT 28 2020

Division of Co	rporations		
BONTEL	LC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CRISTHIN T. MARTINE	Z.	
		Name of Person	
	BONTELLC		
		Firm/Company	
	7455 NW 19TH DRIVE		
		Address	
	PEMBROKE PINES, FL.	33024	
	-	City/State and Zip Code	
	cristhin09@gmail.com		
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
MARCEL ZAKKA		305 793-1190 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Se	ction
Division of C		Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF ORGANIZATION OF

BONTELEC	ℓ_US	14 5: 24
(Name of the Limited Liability Com (A Plorida Limite	pany as it now appears on our records.) d Liability Company)	
he Articles of Organization for this Limited Liability Compar		and assigned
lorida document number 1.20000260002		
this amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liz	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility Company." the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		
	7.77 NOV. VERT. NAME.	
nter new mailing address, if applicable:	7455 NW 19TH DRIVE	
Mailing address MAY BE A POST OFFICE BOX)	PEMBROKE PINES, FL 33024	
		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

13/38/2017 1 1 /3

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.

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 22 P	∷ 6: 2l <u>Type of Action</u>
MGR	CRISTHIN T. MARTINEZ	7455 NW 19TH DRIVE	≣ Add
		PEMBROKE PINES, FL 33024	□Remove
			□Change
MGR	CHRISTHIN T, MARTINEZ	7455 NW 19TH DRIVE	□Add
		PEMBROKE PINES, FL 33024	Remove
			□Change
		·	□Add
			□Remove
			□Change
		-	□Add
			□Remove
			□Change
<u></u>			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	
	
	
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tive date, if other than the date of filing:	to 605.0207 e listed as
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day iled.	after the
SEPTEMBER 09 2020 Signature of a member or authorized representative of a member	