

L20000 260002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

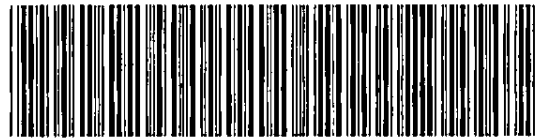
(Business Entity Name)

(Document Number)

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2020 OCT 28 PM 6:04

OCT 28 2020

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BONTE 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:

CRISTHIN T. MARTINEZ

\_\_\_\_\_  
Name of Person

BONTE LLC

\_\_\_\_\_  
Firm/Company

7455 NW 19TH DRIVE

\_\_\_\_\_  
Address

PEMBROKE PINES, FL 33024

\_\_\_\_\_  
City/State and Zip Code

cristhin09@gmail.com

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

For further information concerning this matter, please call:

MARCEL ZAKKA

305 793-1190  
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

**If Changing Registered Agent, Signature of New Registered Agent**

or remove from our system.

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>           | <u>Address</u>           | <u>Type of Action</u>                      |
|--------------|-----------------------|--------------------------|--|
| MGR          | CRISTHIN T. MARTINEZ  | 7455 NW 19TH DRIVE       | <input checked="" type="checkbox"/> Add    |
|              |                       | PEMBROKE PINES, FL 33024 | <input type="checkbox"/> Remove            |
|              |                       |                          | <input type="checkbox"/> Change            |
| MGR          | CHRISTHIN T. MARTINEZ | 7455 NW 19TH DRIVE       | <input type="checkbox"/> Add               |
|              |                       | PEMBROKE PINES, FL 33024 | <input checked="" 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            |
|              |                       |                          | <input type="checkbox"/> Add               |
|              |                       |                          | <input type="checkbox"/> Remove            |
|              |                       |                          | <input type="checkbox"/> Change            |
|              |                       |                          | <input type="checkbox"/> Add               |
|              |                       |                          | <input type="checkbox"/> Remove            |
|              |                       |                          | <input type="checkbox"/> Change            |

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2020 09 09 16:24

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

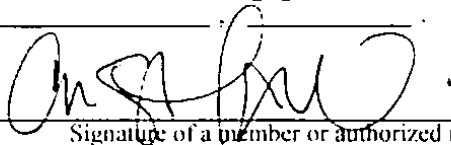
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 document is filed.

Dated SEPTEMBER 09

2020



Signature of a member or authorized representative of a member

CRISTHIN T. MARTINEZ

Typed or printed name of signee