

L20000356764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

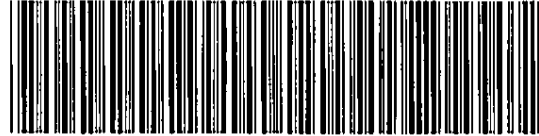
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Clear Formulas 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:

Levi Bonnardel  
Name of Person  
Clear Formulas LLC  
Firm/Company  
20130 NE 26<sup>th</sup> Ave  
Address  
MIAMI FL 33180  
City/State and Zip Code  
ClearFormulas@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Levi Bonnardel at (305) 331 56301  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Clear Formulas LLC

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

FILED  
2023 MAY 30 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on

11/10/2020

and assigned

Florida document number L20000356764

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

20130 NE 26<sup>th</sup> Avenue

MIAMI FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20130 NE 26<sup>th</sup> Avenue

MIAMI FL 33180

**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:

Levi Bonnardel

New Registered Office Address:

20130 NE 26<sup>th</sup> Avenue

*Enter Florida street address*

MIAMI

, Florida

33180

*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.*

Levi Bonnardel

**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>
<u>MBR</u>	<u>Goldstein, Menachem</u>	<u>20229 NE 16<sup>th</sup> PL</u>	<input type="checkbox"/> Add
		<u>MIAMI FL 33179</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MBR</u>	<u>Bonnardel, Simcha</u>	<u>20130 NE 26<sup>th</sup> AVE</u>	<input type="checkbox"/> Add
		<u>MIAMI FL 33180</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>MBR</u>	<u>Bonnardel, Chana</u>	<u>20130 NE 26<sup>th</sup> AVE</u>	<input type="checkbox"/> Add
		<u>MIAMI FL 33180</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FL

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TALLAHASSEE, FL

**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.

Dated MAY 25<sup>th</sup>, 2023

Simcha Bonnarde!

Simcha Bannard

Typed or printed name of signee

**Filing Fee: \$25.00**