

170 000 391 029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

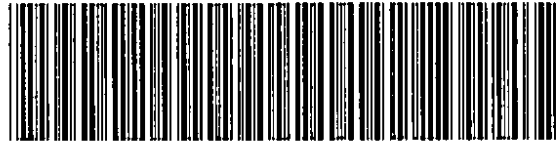
(Business Entity Name)

(Document Number)

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2022 APR -5 AM 7:49  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

O SIMMONS  
APR 19 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BON APPETIT BOX 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:

EMILIE CHIDIAC

Name of Person

BON APPETIT BOX LLC

Firm/Company

1265 NW 90TH STREET

Address

MIAMI, FL 33147

City/State and Zip Code

emilie.chidiac@gmail.com

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

For further information concerning this matter, please call:

EMILIE CHIDIAC

786 479-9188  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2022 APR -5 AM 7:49

SECRETARY OF STATE  
TALLAHASSEE, FL

BON APPETIT BOX LLC

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

The Articles of Organization for this Limited Liability Company were filed on 4 / 29 / 2014 and assigned  
Florida document number L20000391029.

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)**

1265 NW 90TH STREET

MIAMI, FL 33147

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

1265 NW 90TH STREET

MIAMI, FL 33147

**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:

EMILIE CHIDIAC

New Registered Office Address:

1265 NW 90TH STREET

*Enter Florida street address*

MIAMI

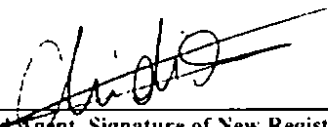
*City*

, Florida 33147

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	BERTRAND CORP	351 NE 79TH STREET, SUITE 101	<input type="checkbox"/> Add
		MIAMI, FL 33138	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EMILIE CHIDIAC	1265 NW 90TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33147	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EMILIE CHIDIAC	1265 NW 90TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33147	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

If the 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**