

h21 000006425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

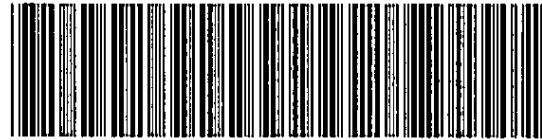
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2021 JUL 19 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FL

AUG -4 2021

J. Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BONILLA BROTHERS SOLUTIONS 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:

NOE MALCA

Name of Person

MALCA TAX SERVICES INC

Firm/Company

5245 RAMSEY WAY SUITE 7

Address

FORT MYERS FL 33907

City/State and Zip Code

MALCATAX@GMAIL.COM

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

For further information concerning this matter, please call:

NOE MALCA

239

810-8998

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

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>
AMBR	BONILLA BLANDON ROBERTO	904 SE 5TH PL	<input type="checkbox"/> Add
		CAPE CORAL, FL 33990	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LEON RODRIGUEZ, YAIDEL	1436 SE 16TH ST	<input type="checkbox"/> Add
		CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(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)

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

Roberto M. Bonilla Blandon
Typed or printed name of signer

Filing Fee: \$25.00