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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor					
SUBJECT: <u>B</u> ō	nnego 3 V &	Sypless LLC. ted Liability Company			
	Name VI Elin	econquity company			
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Carlos A. Bonnego 3	Name of Person  WELSHSS  Firm/Company	<del>J</del>		
	•	1984h 57.		,, 2	
	Marie Go.	City/State and Zip Code	056	.022 SEP -6 SECRETAR TALLAHA	
	Lorrego a ber	to 38 Jahoo. Co	ication)	<i>*</i> - (	T
For further information e	oncerning this matter, please ca	,	,,	PM 4: 20 OF STAT SSEE, FL	O
Carlos A. Name o	BOVILLE PRILE	at ( <u><b>56</b></u> ]) <u>494</u> - Area Code Daytime	4360 e Telephone Number	20 	
Enclosed is a check for th	ne following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Addres		Street Address:	ation		
Registration S Division of C		Registration Sec Division of Corp			
P.O. Box 632		The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOALEGO 3 VELL	onss L	12				
(A Flo	bility Compan orida Limited Li	<u>v as it now a</u> ability Comp	ppears on our any)	records.)		
The Articles of Organization for this Limited Liability Florida document number 4210000 44687		vere filed o	n <u>01/</u> 0	05/2021	and assig	gned
This amendment is submitted to amend the following	<u>;</u> :					
A. If amending name, enter the new name of the l	limited <u>liabi</u> l	ity compai	nv here:			
The new name must be distinguishable and contain the words "I	Limited Liabilit	y Company,	the designation	n "LLC" or the a	bbreviation "L.L	.C."
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET AD	DRESS)					
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registe agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	ered office ac		our records. r Florida sweet		122 SEP -6 PH 4: 20 SECRETARY OF STATE	registered
	<u></u>	City		, Florida	Zip Code	
New Registered Agent's Signature, if changing Registe	ered Agent:	Cili			zip com	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	ent and agree d complete p l agent as pr ered office o	erformanc ovided for	e of my dut in Chapter	ies, and I am 605, F.S. Or	familiar with , if this docum	and nent is

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 Title Address Type of Action Name MGR ypany Penez Carmona 3240 NW 1984 & High: Goldens Fl 33056 X Add Remove AMBR Young Perez Carnona 3240 NW 1985 + Marie Gorders FL 33056, XAdd Remove □Change  $\Box Add$ □Remove Change \_ □Add □Remove ☐ Change □Add □Remove □ Change

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ote: If the date inserte	ed in this block does no	ot meet the applica				
ocument's effective dat	te on the Department o	or State's records.				
ecord specifies a delay is filed.	yed effective date, but	not an effective tir	me, at 12:01 a.m. on	the earlier of: (b)	The 90th day at	fter the
ated August	27	2022	<u>.</u> .			
· ·	B.					
	Cimmon	f a member or autho	rized representative of	a member	<del></del>	
Can	Signature o	Doll EGO Typed or printe	N			

Filing Fee: \$25.00