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PICK-UP WAIT MAIL
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A. BUTLER
JAN 1 4 2022

COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
Bondi estat			
SUBJECT:	Name of Lim	ited Liability Company	L
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yosef Y Chriqui		
		Name of Person	
	Bondi estates LLC		
		Firm/Company	
	9499 Collins ave , Suite	# 506	
		Address	
	Surfside Plorida 33154		
	yossichriqs@gmail.com E-mail address: (City/State and Zip Code to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Yosef Y Chriqui		929 484-8168	
Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632	. /	The Centre of T	lallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ļ

Bondi estates LLC	1 1/2 1444 4044 (1	
(<u>Name of the Limited Liab</u> i (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
he Articles of Organization for this Limited Liability orida document number 1.21(00068487	Company were filed on	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the lir	nited liability company here:	
ne new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the a	bbreviation "L.1.,C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	 -
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
		-
. If amending the registered agent and/or register gent and/or the new registered office address here:		ne of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Paris Planta and All	
	Enter Florida street address	
	, Florida	
	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.

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>	Name	Address	Type of Action
AMBR	MEER, MUSHKA	9499 COLLINS AVE	
		SURFSIDE, FL 33154	=Remove
			□Add
			□Remove
			□Add
		<u> </u>	□Remove
			□Change
			□Add
			□Remove
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l is fil	led.	elayed effective date, but not	an effective tim	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
ated	tion and a second	· January 7	202			
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Typed or printed name of signee