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T. MATTHEWS FEB 28 2022

# **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC	Bonsai Qak	LLC		
SOBJEC	·:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Fabrizio Lengua		
			Name of Person	
		ZenBusiness INC.		
			Firm/Company	
		5511 Parkcrest Dr. Suite 1	0.3	
			Address	
		Austin, TX 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.co	om to be used for future annual report noti	lication)
For furthe	er information c	oncerning this matter, please c		
Fabrizio	Lengua		512 237-7349	
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>≘ \$</b> 25.0	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	orporations	Division of Cor	porations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FEE 19 FH 12: 57

Bonsai Oak LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Company	were filed on 05/18/2021	and assigned	
lorida document number L21000230758			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	12372 E Birchbark Ct		
Principal office address MUST BE A STREET ADDRESS)	Inverness, FL 34450		
Enter new mailing address, if applicable:	12372 E Birchbark Ct		
Mailing address MAY BE A POST OFFICE BOX)	Inverness, FL 34450		
B. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the na	me of the new regis	
New Registered Office Address:			
non registered Office Address.	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>	<u>Name</u>	Address	Type of Action
AMBR	Melissa Suzette Bailey	_	□Add
			□Remove
		12372 E. Birchbark Ct Inverness, FL 34450	) ≣Change
			□Remove
			☐ Change
			□Remove
			□Change
<del></del>			□Add
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ective date, if other than the neffective date is listed, the date mus	date of filing:	ning to date of this	(optiona	i)
te: If the date inserted in this ble	ock does not meet the app	olicable statutory fil	ing requirements, this da	te will not be listed a
cument's effective date on the De	epartment of State's recor	US.		
record specifies a delayed	I effective date, but	not an effective	e time, at 12:01 a.m	on the earlier o
he 90th day after the rec	ord is filed.		,	
02/15	2022			
ted	·	<del></del> ·		
	/S/ Melissa	a Suzette Bail	ey	
	/S/ Melissa Signature of a member or an	a Suzette Bail athorized representati	ey ve of a member	

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Filing Fee: \$25.00