L21000520085

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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T. MATTHEWS MAR 15 2022

COVER LETTER

TO: Registration So Division of Cor			
	BONCHY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The analoged Articles of	Amandment and foote) are sub-	unitted for filing	
	IVON CANDELA		
		Name of Person	
	Name of Limited Liability Company Amendment and fee(s) are submitted for filing, indence concerning this matter to the following: IVON CANDELA Name of Person		
	·	Firm/Company	
	1363 NE 176 ST		
		Address	
	N MIAMI BEACH		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	tification)
For further information of	concerning this matter, please c	all:	
IVON CANDELA			
Name o	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addre</u> Registration			ection
Division of C		Division of Co	orporations
P.O. Box 632			
i aiianassee,	ГL 3//314	2410 N. MORE	oe sueet, suite 610

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BONCHY BONCHY LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.21000520085	were filed on DECEMBER 09, 2021	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	nility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	<u></u>	
Enter new mailing address, if applicable:	 -	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registe
Name of New Registered Agent:		
New 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>	JAVIER ALDANA 1365 NE 176 ST Add N MIAMI BEACIL, FL 33133 Remo	Type of Action	
MGR	JAVIER ALDANA		□∧dd
		N MIAMI BEACH, FL 33133	Remove
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Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	e specific and canno k does not meet t	ot be prior to da he applicable	te of filing or more:		ling.) Pursuant to 605.02	
he record specifies a delayed effective ord is filed.	late, but not an ef	Tective time,	at 12:01 a.m. on t	he earlier of: (b)	The 90th day after th	e
Dated FEBRUARY 26	202	22				
	$\Delta \Omega$					
Tyon	ghather of a memb	er or authorized	d representative of a	ı member		