

L22000085489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

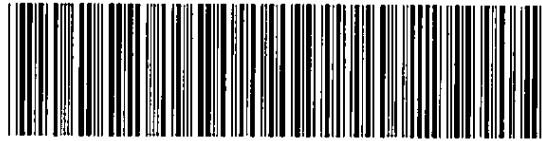
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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J. GERVINS
JUN 30 2022

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DATE: 6/29/2022

NAME: 1645 BONITA CT., LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1645 BONITA CT., 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:

JEAN ERHARDT

Name of Person

2300 CABOT DRIVE, SUITE 500

Firm/Company

Address

LISLE, ILLINOIS 60532

City/State and Zip Code

ERHARDT@CCMLAWYER.COM

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

For further information concerning this matter, please call:

JEAN ERHARDT 630 871-2600
Name of Person at () 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

MGR = Manager
AMBR = Authorized Member


AMBR = Authorized Member

[illegible]

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(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
KAREN LYNN LARSON
Typed or printed name of signee

Filing Fee: \$25.00