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## **COVER LETTER**

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Registration Section

TO:

Division of	Corporations					
	LLA CARPENTY CONSTRUCTIO	ON LLC				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.				
Please return all cor	respondence concerning this matter	to the following:				
	PRISCILLA GAMEZ					
	<del></del>	Name of Person		_		
	BONILLA CARPENTY C	CONSTRUCTION LLC				
	<del></del>	Firm/Company	<u>.                                    </u>	_		
	1203 Florida Ave				13	
		Address	<u> </u>	<u>i</u>	•	-
	FORT PIERCE FL 34950				j.	
		City/State and Zip Code				; •
	dbonilla701@gmail.com	to be used for future annual report notific			AH 10: 32	٠.
For further informat	ion concerning this matter, please or		ation	, ביין	$\tilde{\sim}$	
PRISCILLA GAM	EZ	772 207-9678				
N:	ame of Person	Area Code Daytime	Telephone Numb	per	_	
Enclosed is a check	for the following amount:					
■ \$25.00 Filing F	ee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi	cate of S ed Copy	Status &	
Division P.O. Box	ion Section of Corporations	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Ilahassee Street, Suite	810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BONILLA CARPENTY CONSTRUCTION LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_01/17/2023 and assigned Florida document number \_\_\_\_\_L23000030338 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BONILLA CARPENTRY CONSTRUCTION LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida \_

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
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			□Change
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record specifies a delayed effective date, but not ne 90th day after the record is filed.	t an effective time, at 12:01 a.m.	on the earli
04/12/2024	prized representative of a member	
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Typed or printed name of signce

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Filing Fee: \$25.00