## L23 000 390 723

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:	BON ACCORI	AVENUE	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		WATSON SYLVAINS	
		Name of Person	**
	1	BON ACCORD AVENUE	;
		Firm/Company	***************************************
		4912 MINK ROAD	
	•	Address	
For further information of WATSON		SARASOTA, FL 3423	35
		City/State and Zip Code	<del></del>
		FICE@BONACCORDA to be used for future annual	
For further information c			report notification)
	-	813	501-7588
	of Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc	Certificate of Status &
Mailing Addres Registration 9		Street Ar	<del></del>
Division of C		•	ation Section n of Corporations
P.O. Box 632			ntre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ВС	ON ACCORD AVENUE		
(Name of the Lim	ted Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	<del></del>
The Articles of Organization for this Limited L Florida document number <u>L23000390723</u>	iability Company were filed on	/21/2023	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if appli	cable:		24 SE
Principal office address MUST BE A STRE	ET ADDRESS)	# # # # # # # # # # # # # # # # # # #	P =
Enter new mailing address, if applicable:		7. J.	AN 5: 32
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		: 1 <b>2</b>
B. If amending the registered agent and/or agent and/or the new registered office addre		ecords, <u>enter the name of</u>	the new regis
Name of New Registered Agent:	WATSON SYLVAINS		
New Registered Office Address:	4912 MINK RD	#14.8800 to	
	Enter Flor	ida street address	
	SARASOTA	, <b>Florida</b> 34235	
	City	<del></del> -	ip 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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