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COVER LETTER

то:	Registration Se Division of Cor			-	·
er: n 11	ver.	THE BONITA	TERRA CAFE, LLC		
SUBJI	SCT:	Name of Limi	Name of Limited Liability Company		
The en	closed Articles of a	Amendment and fee(s) are subi	nitted for filing.		
Please	return all correspo	ndence concerning this matter t	o the following:		
			ANTONIO GOMEZ		
			Name of Person		
		THE	BONITA TERRA CAFE, LLC		
			Firm/Company		
	1429 ALWYNNE DR N				THE FIRST
			Address		120
			LEHIGH ACRES, FL 33936		H29 PH
	City/State and Zip Code				72
			VITATERRACAFE@GMAIL.CO		四温 二
			o be used for future annual report noti	fication)	1.1
For fur	ther information co	oncerning this matter, please ca	il:		
	ANTONIO		239 at () Area Code Daytim	791-6128	
	Name of	`Person	Area Code Daytim	e Telephone Number	
Enclose	ed is a check for th	e following amount:			
□ \$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The bonita ter	Company as it now appears on our record	<u></u>
(A Fiorida L	imited traditity company)	\ 2
The Articles of Organization for this Limited Liability Con Florida document number <u>L23 000 4 (8 19)</u>	mpany were filed on 10-11-75	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
	co manny company. The second	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		G. T. T.
Enter new mailing address, if applicable:		inco is
(Mailing address MAY BE A POST OFFICE BOX)		1717
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	SS
		lorida
	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 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>	Name	Address	Type of Action
MGR	GOMEZ, LILIA P	6931 SUPERIOR ST CIR	
		SARASOTA, FL 34243	■Remove
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			□ Add
			🗆 Remove
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on effective date is listed, the date must lote: If the date inserted in this blo	date of filing: be specific and cannot be prior to date of filing or sek does not meet the applicable statutory filing partment of State's records.	more than 90 days after filing.) Pursuant to 605	5.0201 ed as
		on the earlier of (b). The 90th day after	r the
record specifies a delayed effective	date, but not an effective time, at 12:01 a.m	on the carrier of (b) The 70th day and	
record specifies a delayed effective Lis filed.	date, but not an effective time, at 12:01 a.m	. on the carrier of (o) The 70th day and	
record specifies a delayed effective lis filed.		. on the carrier of (o) The 70th day and	
record specifies a delayed effective Lis filed. JANUARY 12 ated			