

L240 000 21563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

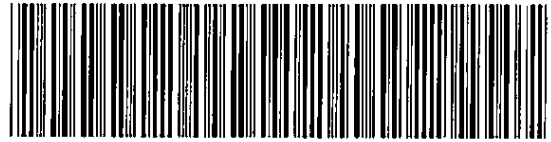
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BON-TIGRENN COLLABORATION MULTI SERVICE 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:

ROMELUS, JEAN-REGUEN

Name of Person

Firm/Company

641 LAVERS CIR APT 107

Address

DELRAY BEACH FL 33444

City/State and Zip Code

BONTIGRENNCOLLABO@GMAIL.COM

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

For further information concerning this matter, please call:

ROMELUS, JEAN-REGUEN

Name of Person

at (561)

Area Code

679-4691

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

2024-11 PM 5:32

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ROMELUS, JEAN-REGUEN	641 LAVERS CIR APT 107	<input checked="" type="checkbox"/> Add
		DELRAY BEACH FL 33444	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALEXANDRE, SONEL	641 LAVERS CIR APT 107	<input checked="" type="checkbox"/> Add
		DELRAY BEACH FL 33444	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSEPH CHARLES PIERRE	1150 NW 72ND AVE TOWER 1 STE 455 #14531	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROMELUS AUGUSTIN, RHODIA	1150 NW 72ND AVE TOWER 1 STE 455 #14531	<input type="checkbox"/> Add
		MIAMI, FL 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROMELUS AUGUSTIN, RHODIA	1150 NW 72ND AVE TOWER 1 STE 455 #14531	<input type="checkbox"/> Add
		MIAMI, FL 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

~~SECRET~~

Sonel Alexandre
Typed or printed name of signee

Filing Fee: \$25.00