L24000021563

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

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:	
	ROMELUS, JEAN-REGU	EN	
		Name of Person	
		Firm/Company	
	641 LAVERS CIR APT 10	77	
		Address	
	DELRAY BEACH FL 334	144	
		City/State and Zip Code	
	BONTIGRENNCOLLABO		
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all;	
ROMELUS, JEAN-REC	GUEN	at (570) (07	9 - 4691 e Telephone Number
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2524.000 HT PN 5:32

BON-TIGRENN COLLABORATION MULTI SERVICE 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 Florida document number $\frac{1.24000021563}{1.24000021563}$	were filed on 01/09/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	lity company here:
The new name must be distinguishable and contain the words "Limited Liabit	ity Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	641 LAVERS CIR APT 107
(Principal office address MUST BE A STREET ADDRESS)	DELRAY BEACH FL 33444
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	641 lavers cir apt 107 Delray beach fl 33445
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registered
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

New Registered Agent's Signature, it 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ROMELUS, JEAN-REGUEN	641 LAVERS CIR APT 107	= Add
		DELRAY BEACH FL 33444	□Remove
			□Change
AMBR	ALEXANDRE, SONEL	641 LAVERS CIR APT 107	= Add
		DELRAY BEACH FL 33444	□Remove
			□Change
AMBR	JOSEPH CHARLES PIERRE	1150 NW 72ND AVE TOWER 1 STE 455 #14531	= Add
		MIAMI, FL 33126	□Remove
			□ Change
AMBR	ROMELUS AUGUSTIN, RHODLE	1150 NW 72ND AVE TOWER 1 STE 455 #14531	🗆 Add
		MIAMI, FL 33126	≣Remove
			□Change
AMBR	ROMELUS AUGUSTIN, RHOD-k	1150 NW 72ND AVE TOWER 1 STE 455 #14531	□Add
		MIAMI, FL 33126	■Remove
			□Change
			□Add

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over at						
f an effec	te date, if other than the tive date is listed, the date in fithe date inserted in this not's effective date on the	nust be specific and oblock does not me	cannot be prior to de cet the applicable	ite of filing or more than statutory filing requ	(optional) n 90 days after filing.; irements, this date	Pursuant to 605.0207 (will not be listed as t
documei						
documei e record	specifies a delayed effect d.	ave date, but not a	in effective time,	at 12:01 a.m. on the	earlier of: (b) The	90th day after the
documer e record rd is file	d.		n effective time.	at 12:01 a.m. on the	earlier of: (b) The	90th day after the
documer e record rd is file	specifies a delayed effect d.		2024	at 12:01 a.m. on the		90th day after the

Filing Fee: \$25.00