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COVER LETTER

TO:

TO: Registration So Division of Cor			
Bonannos I	Bagels LLC		
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:	
	Monique Bonanno		
		Name of Person	
	-	Firm/Company	
	1938 Rolling Green Cir.		
		Address	-
	Sarasota, FL 34240		
		City/State and Zip Code	
	bonannosbagels@gmail.cor		
For further information o	E-mail address: (concerning this matter, please c	to be used for future annual report no alt:	tification)
Monique Bonanno		941 724-0798	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he 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 Addres Registration S		<u>Street Adaress:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bonannos Bagels LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our record ed Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability Compa	nny were filed on 5/3/2024	and assigned
lorida document number 1.24000208786		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	iability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		200
		2024 JUN
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	-	Or AM
		25 Si (-
	<u>-</u> .	
. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	5
	Flo	orida
	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.

It 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
AMBR	Monique Bonanno	1938 Rolling Green Circle	= Add
		Sarasota, FL 34240	□Remove
			□Change
			□ Remove
			□Change
			□Add
			□Remove
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Effective date, if other than	the date of filing:	(option to date of filing or more than 90 days after fi	ial) line) Burmont to 405 0207 (2
Note: If the date inserted in th	is block does not meet the applic	cable statutory filing requirements, this c	late will not be listed as un
document's effective date on the	he Department of State's records	5.	
ne record specifies a delayed effe	ective date, but not an effective t	time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
ord is filed.		milet at 12.01 and on the earlier of (b)	The your day and the
Dated May 22	2024		
Dated		·	
u ∦∧∩		2	
Min	iaul Fraan	norized representative of a member	

Typed or printed name of signee