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COVER LETTER

TO: Registration Division of C	Section Corporations				
MAISO	MAISON BONDON LLC				
	Name of Lin	nited Liability Company			
The enclosed Articles	of Amendment and feets) are sul	bmitted for filing			
	spondence concerning this matter	_			
		Name of Person			
	SPANNER CONSULTIN	G LLC			
		Firm/Company			
	1076 W SAMPLE ROAD	•			
		Address			
	POMPANO BEACH, FLO	DRIDA - 33064			
	FLORIDA@FSPANNER.0	City/State and Zip Code			
	E-mail address: (to be used for future annual report noti	fication)		
For further information	n concerning this matter, please o	all:			
FERNANDA SPANN	IER	754 457-6647			
Nam	e of Person	at ()	e Telephone Number		
Enclosed is a check fo	r 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)		
<u>Mailing Addi</u> Registration		Street Address:	otion.		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6.	327	The Centre of T	allahassee		
Tallahassee	FL 32314	2415 N. Monro	e Street, Suite 810		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAISON BONDON LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our identical Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L24000365608</u>	mpany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the pwinameof he limite	ed liability company here:	
MAISON BONBON LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_	
(Principal office address MUST BE A STREET ADDRE	<u></u>	
	<u></u>	
	-	S + S
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		SS - 6 L
		55 A 0
		<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>e</u>	nter the name of the new registered
		~
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
<u></u>		, Florida
	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

Title	<u>Name</u>	Address	Type of Action
			🗆 🗆 🗆 Add
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			□Change
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ote.	tive date, if other than the date of filing:
record is tile	
ated _	09/09/2024
	Galriel Well Cohen Signature of a member or authorized representative of a member
	GABRIEL WOLF COHEN

Filing Fee: \$25.00