

M18 000001657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

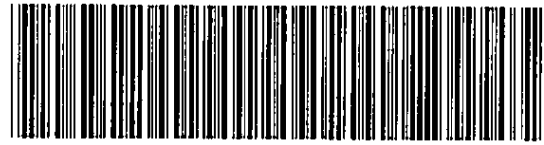
(Document Number)

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2021 APR -5 PM 5:26  
SECRETARY OF STATE  
TALLAHASSEE, FL

APR 22 2021

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2021

ARTHUR BUONAMIA  
11826 78TH AVE NW  
TULALIP, WA 98271

SUBJECT: BONO WAREHOUSES, LLC  
Ref. Number: M18000001657

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Quenda R Moore  
Regulatory Specialist II

Letter Number: 621A00005970

RECEIVED

2021 APR -5 PM 12

SECRETARIAT  
TALLAHASSEE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BOND WAREHOUSES LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARTHUR BUONAMIA  
Name of Person

BOND WAREHOUSES LLC  
Firm/Company

1826 78th AVE. N.W.  
Address

TULALIP, WA, 98271  
City/State and Zip Code

ZHUKHOVA@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARTHUR BUONAMIA at (360) 348-3260  
Name of Person Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA**

**FILED**

SECTION I (1-4 must be completed)

2021 APR -5 PM 5: 26

1. Name of limited liability Company as it appears on the records of the Florida Department of **SECRETARY OF STATE TALLAHASSEE, FL**  
State: BONU WAREHOUSES, LLC

Enter new principal office address, if applicable: ~~11826 78th AVE~~  
12250 S.W. 117 CT,  
MIAMI FLA. 33186  
*(Principal office address MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable:  
11826 78th Ave N.W.  
TOLALIP, WA.  
98271  
*(Mailing address MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: K18000001657

3. Jurisdiction of its organization: MIAMI DADE COUNTY

4. Date authorized to do business in Florida: 2/15/2018

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: ARTHUR BUONAMIA  
New Registered Office Address: 12250 S.W. 117 CT.  
*Enter Florida Street Address*  
MIAMI City, Florida 33186 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.*

Arthur Buonamia  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|------------------------|-------------|----------------|---------------------------------|
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |
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| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Arthur Buonahia  
 Signature of the authorized representative

ARTHUR BUONAHIA  
 Typed or printed name of signee

Filing Fee: \$25.00