P170000 71372

(Red	questor's Name)			
(Add	dress)			
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(City	y/State/Zip/Phone	e #)		
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COVER LETTER

Division of Corpora	itions			
NAME OF CORPORA DOCUMENT NUMBE	Ω	N & clair		
The enclosed Articles of	Amendment and fee are su	ibmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
<u>.</u>	BON EC	City/ State and Zip Code	10613-103 PL 33160	
For further information concerning this matter, please call: Pokrovskii, Roman at (347) 4010840 Name of Contact Person Area Code & Daytime Telephone Number				
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made [payable to the Florida Depa	urtment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy in enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

οf

BON Eclair, C	orp,	
(Name of Corporation as currently fi	led with the Florida Dept. of State)	
P 17000071372		
(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section $607,1006$. Florida Statutes, this ${\it Flo}$ its Articles of Incorporation:	orida Profit Corporation adopts the following amendmen	t(s) to
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A	" A professional corporation name must contain the 1."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	2351 & Hallandale B Hallandale Beach, Fl	13300
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		is off 20
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:		الما ما ما الما
Name of New Registered Agent		ED PH 1: 2
(Florida street o	address	Ē
New Registered Office Address:	Florida	
tCi _l		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position.	
Signature of New Regi.	stered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C - Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe			
X Remove	\underline{V}	Mike Jones			
X Add	<u>8V</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change	<u>S</u>	Gogoni	s, George Ju	lian	
Add Remove				2710 Treasure Con Fort Laudendele,	le Circ FL 333
2) Change	 -				
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	(Be specific)
	
	
	
	
	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the ame</u>	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N A)	hange, reclassification, or cancellation of issued shares, and and an in the amendment itself:
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The date of each amendment(s) adoption:	12/17/2018	if other than the
date this document was signed.	, , ,	
Effective date <u>if applicable</u> :	12/17/2018 more than 90 days after amendment file dates	
(no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not modernment's effective date on the Department of State		is date will not be listed as the
Adoption of Amendment(s) (CHECK	<u>CONE</u>)	
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro		nent(s)
☐ The amendment(s) was/were approved by the sharmust be separately provided for each voting grown	reholders through voting groups. The following st up entitled to vote separately on the amendment(s)	
"The number of votes cast for the amendme	au(s) was/were sufficient for approval	
by		
tvoting g	group)	
The amendment(s) was/were adopted by the board action was not required. The amendment(s) was/were adopted by the incor		
action was not required.	•	
Dated	118	
Signature		1
	or other officer – if directors or officers have not ator – if in the hands of a receiver, trustee, or other	
appointed fiduciary by the		reourt
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Kon	POKROVEKZ. ed or printed name of person signing)	Z
(Турс	ed or printed name of person signing)	
	P / -	
	PRESIDENT	
	(Title of person signing)	