

10/17/23, 11:17 AM

L21 000473398
Division of Corporations
Florida Department of State
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H230003627293))



H230003627293ABC1

Note: DO NOT hit the REFRESH RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : KURKIN FOREHAND BRANDES, LLP.
Account Number : 12090000016
Phone : (850)391-5060
Fax Number : (850)391-2645

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BOMNIN MOTORS-N, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H23000362729 3)))
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bonnin Motors-N, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Alex Kurkin, Esq.
Name of Person
Kurkin Forehand Brandes LLP
Firm/Company
18851 NE 29th Avenue, Suite 303
Address
Aventura, FL 33180
City/State and Zip Code
akurkin@kfb-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Kurkin 305 929-8500
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for 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)

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

2023 OCT 18 PM 2:31

FILED

(((H23000362729.3)))
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bomnin Motors-N, 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 were filed on 11/1/2021 and assigned
Florida document number L21000473398.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Bomnin Doral - S, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2023 OCT 18 PM 2:31
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

B. If amending the registered agent and/or registered office 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: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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 Changing Registered Agent, Signature of New Registered Agent

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	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 OCT 18 PM 2:31

RECEIVED

Filing Fee: \$25.00