

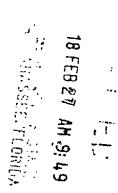
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COVER LETTER

TO:	Registration S Division of Co			
citoic		DE HOLDINGS LLC		
SUBJE	CI:	Name of Limi	ted Liability Company	
			•	
The enc	losed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please r	eturn all corresp	ondence concerning this matter t	o the following:	
		Enrique Nowogrodzki		
			Name of Person	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		18501 Pines Byld STE 207		
			Address	
		P Pines, FL 33029		
			City/State and Zip Code	
		enrique@cpaservicescorp.c		
			to be used for future annual report noti-	neation)
For fur	ther information	concerning this matter, please ca	all:	
Enriqu	е		754 400-1040 at ()	
	Name	of Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for	the following amount:		
= \$23	5.00 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)
	Regis Divis P.O.	LING ADDRESS: stration Section tion of Corporations Box 6327 hassee, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BONAFIDE HOLDINGS LLC			
(<u>Name of the Limite</u>	d Liability Comp A Florida Limited	pany as it now appears on our relational Liability Company)	ecords.)
The Articles of Organization for this Limited Lia Florida document number L11000004022		y were filed on 01/11/2011	and assigned
This amendment is submitted to amend the follo			
A. If amending name, enter the new name of	the limited lia	bility company here:	
n/a			
The new name must be distinguishable and contain the wo	ords "Limited Lia	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	n/a	
(Principal office address MUST BE A STREE)	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>B<i>OX</i>)</u>	n/a	18 FEB 27
B. If amending the registered agent and/or the new registered of	or registered fice address ho	office address on our re	cords, enter the name of the nev
Name of New Registered Agent:	n/a		
New Registered Office Address:		Enter Florida street	address
			Pt 1.
		City	, Florida Zip Code
		917	•

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Perla Nowogrodzki	18501 Pines Bvld STE 207	∃ Add
		- P Pines, FL 33029	☐ Remove
			Change
MGR	Nicole Nowogrodzki	18501 Pines Byld STE 207	_
		- P Pines, FL 33029	□ Remove
*** ***			□ Change
			□ Add
			Remove
			2857/11.
			Remove 59
			
			Remove
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			Remove
			☐ Change

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Filing Fee: \$25.00