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B. KOHR

JAN-8 2010

EXAMINED

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

CONTACT: ASHLEY SMITH DATE: 01-07-2010 **REF. #:** 000399.117527 CORP. NAME: BON EAU ENTERPRISES, LLC () ARTICLES OF INCORPORATION (XX) ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY () REINSTATEMENT () MERGER () WITHDRAWAL () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 5332 13 FOR \$ 25.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$____

() CERTIFICATE OF GOOD STANDING

(XX) PLAIN STAMPED COPY

() CERTIFICATE OF STATUS

PLEASE RETURN:

() CERTIFIED COPY

Examiner's Initials

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BON EAU ENTERPRISES, 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 Lia	bility Company v	vere filed on $_$	December 28	, 2004 and assigned
Florida document numberL0400093	724			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabil	ity company l	<u>iere</u> :	
·	n/a			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Con	npany," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		n/a	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	,	n/a		
(Mailing address MAY BE A POST OFFICE B	10X)			<u> </u>
				·
B. If amending the registered agent and/o registered agent and/or the new registered off			n our records, <u>e</u>	enter the name of the new
Name of New Registered Agent:	n/a			
New Registered Office Address:			77	
		Enter Florida street address		
	<u> </u>	- C''	, Flor	ida
		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MGR	Randall A. Bono	P. O. Box 49108 Sarasota, FL 34230	Add V Remove
MGR	GRAVITAS, LLC	P. O. Box 49108 Sarasota, FL 34230	. ✓ Add Remove
			_ n
			[] D a aa
			AddRemove
D. If am	n/a	change(s) here: (Attach additional sheets, if	necessary.)
Dated	12 - 31	2009	<u></u>
Dated	,		
	Signature of a	member or authorized representative of a member	<u> </u>
	Johnson S. Sava	ary, Jr., Esquire, Authorized Represen	ntative
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00