

LO700002583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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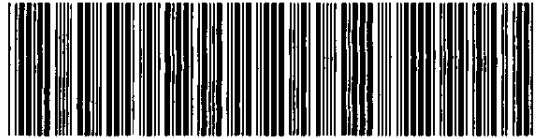
(Business Entity Name)

(Document Number)

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04/02/09--01021--014 **30.00

FILED
09 APR - 2 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

APR - 3 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bonita Mortgage 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:

Karey Rebello

(Name of Person)

Bonita Mortgage LLC

(Firm/Company)

1210 Walden Drive

(Address)

Fort Myers FL 33901

(City/State and Zip Code)

For further information concerning this matter, please call:

Karey Rebello

(Name of Person)

at (239) 313-6333

(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/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bonita Mortgage 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 1-08-07

Florida document number L07000002583

FILED
09 APR -2 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

Jabez Marketplace LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1210 Walden Drive

(Principal office address MUST BE A STREET ADDRESS)

Fort Myers FL 33901

Enter new mailing address, if applicable:

1210 Walden Drive

(Mailing address MAY BE A POST OFFICE BOX)

Fort Myers FL 33901

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:

Karey Rebello

New Registered Office Address:

1210 Walden Drive

(Enter Florida street address)

Fort Myers

(City)

, Florida 33901

(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Norman Kluger		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Robert Rebello	1210 Walden Drive Fort Myers FL 33901	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
09 APR 2 PM '00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Purpose - The sole and only purpose of the LLC is the operation of IBO # 5573576.

Dated _____, _____



Signature of a member or authorized representative of a member

Karey Rebello

Typed or printed name of signee