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SECRETARY OF STATE
AND A HASSEF FI ORIDA

COVER LETTER

TO:

Registration Section

Division of Corporations						
SUBJECT:	BON	IAFEDE LLC				
	Name of Lin	nited Liability Company				
The enclosed Arti	cles of Amendment and fee(s) are su	bmitted for filing.				
Please return all c	orrespondence concerning this matte	er to the following:				
	EDUARDO RUANO					
	Name of Person					
	SERBER & ASSOCIATES, P.A.					
	Firm/Company					
	2875 NE 191 STREET, SUITE 801					
		Address				
		AVENTURA FL 33180				
		City/State and Zip Code				
	ER@	SERBERLAWFIRM.COM				
	E-mail address:	(to be used for future annual report notific	ation)			
For further inform	nation concerning this matter, please	call:				
	EDUARDO RUANO	305 (226262			
	Name of Person	at (305) S	326262			
	realite of Ferson	Alea Code & Dayulle	reteptione Nutribe			
Enclosed is a chec	ck for the following amount:					
✓ \$25.00 Filing	Fee \$\int_\$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/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cen Tallahassee, FL 3236	tions ter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BONAFED				
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears bility Company)	s on our records.)		
,	, ,			
The Articles of Organization for this Limited Liability Company w	ere filed on	8/22/2007	and assig	ned
Florida document numberL0700086080				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here	<u>e</u> :		
The new name must be distinguishable and end with the words "Limited" L.L.C."	l Liability Compar	ny," the designation "L	LC" or the abl	 breviation
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)				
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on o	ur records, <u>enter t</u>	he name of	the new
Name of New Registered Agent:			AS T	
New Registered Office Address:			CREE ALL	71
•	Ent	er Florida street add	%SS. 	
	City	, Florida	Zip Cotte	
New Registered Agent's Signature, if changing Registered Agent:			9: 38 STATE LORIE	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action			
MGRM	Maria de Pia Mangione	20900 NE 30 Avenue Suite 715 Aventura FL 33180	Add Remove			
MGRM	Carlos Pia Mangione	20900 NE 30 Avenue Suite 715 Aventura FL 33180	Add Remove			
MGR	S&A Company Hanagement, LLE	2875 NE 191 Street Suite 801 Aventura FL 33180	Add Remove			
			Add Remove 			
			Add Remove			
.			Add Remove			
D. If amendin	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_			
<u> </u>	•		-			
 	July 30 201;	2	-			
Dated	Eth.					
_	Signature of a member of	authorized representative of a member				
Typed or printed name of signee						

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Filing Fee: \$25.00