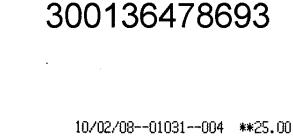
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Certified Copies	Certificate	s of Status
Special Instructions t	to Filing Officer:	
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Office Use Only



M. THOMAS

OCT - 3 2008

**EXAMINER** 

## **COVER LETTER**

SUBJECT: RONTO	BONITA, LLC (Name of Limi	ted Liability Company)	<u> </u>		•	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
	ndence concerning this matter	_				
	<b>A</b> #1 <b>Q</b> . l .					
	Anthony Solomon	(2)				
		(Name of Person)				
	Ronto Bonita, LLC					
(Firm/Company)						
3185 Horseshoe Drive South, Ste 2						
		(Address)				
	Naples, FL 34104			,		
		(City/State and Zip Code)				
For further information co	oncerning this matter, please ca	all:		SEO MILV	09 OCT	
Anthony Solomon		at (_239) 649-6310		支出	7	
	of Person)	(Area Code & Daytime T	elephone Number)		-2	
				m <sub>G</sub>	220	3
				၂၀	25	
Enclosed is a check for the	ne following amount:			哥哥	AM (O: 00	
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Certificate o Certified Co (additional c	f Status &	&	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

RONTO BONITA, LLC (Name of the Limited	d Liability Company as it now ap A Florida Limited Liability Compa	pears on our records.		
The Articles of Organization for this Limited L Florida document number L07000122293			and assig	ned
This amendment is submitted to amend the following	lowing:			
A. If amending name, <u>enter the new name o</u>	of the limited liability company	here:		
The new name must be distinguishable and end with "L.L.C."	ith the words "Limited Liability Co	ompany," the designation	"LLC" or the ab	 breviation
Enter new principal offices address, if appli	cable:		A SE	<b>&gt;</b>
(Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>	<u>}</u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE			AFY OF STATE	<u> </u>
B. If amending the registered agent and registered agent and/or the new registered or		on our records, <u>ente</u>	r the name of	the nev
Name of New Registered Agent:	Anthony Solomon			
New Registered Office Address:	3185 Horseshoe Drive Sou	th, Ste 2		
		(Enter Florida street	address)	
	Naples	, Florida	34104	
	(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 ' Name **Address** Type of Action \_\_\_ Add Remove Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September 2008 ignature of a member or authorized representative of a member

Page 2 of 2

TACK SOMON, MGR
Typed or printed name of signee

Filing Fee: \$25.00