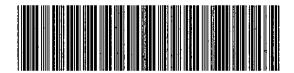
00060183

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/State/Eph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:
A. LUNT
AUG -1 2008
EXAMINER

Office Use Only



300133523873

07/31/08--01019--014 **25.00

COVER LETTER

TO: Registration Section Division of Corpo	
SUBJECT:	Bonkr. Com, LLC (Name of Limited Liability Company)
The enclosed Articles of An	mendment and fee(s) are submitted for filing.
Please return all correspond	ence concerning this matter to the following:
	Alex Steffano
	(Name of Person)
	(Firm/Company)
	ItTS Westover LOOP Es =
	(Address)
	1558 Westover Coop ASSICRETAR TO LAKE MARY F1. 32746 SSS
	(City/State and Zip Code)
For further information cond SAM Horton	cerning this matter, please call:
Alax St-EC	$\frac{1}{21}$ $\frac{1}{439}$ $\frac{1}{3668}$
(Name of F	
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Bonkr, Com	LLC	
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears ted Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Comp. Florida document number	pany were filed on <u>6</u>	-/9-2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here	:
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	200) ALEC
Enter new mailing address, if applicable:		THE TARY O
(Mailing address MAY BE A POST OFFICE BOX)		ES D
		RILLA S
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ir records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Ent	er Florida street address)
		. Florida
	(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 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 = Mana MGRM = Ma	ager anaging Member	•			
<u>Title</u>	Name	Address	Type of Action		
MERM	Sam Horton	ZEII S. Crystal Lake DR.	Add Remove		
			Add Remove		
			Add Remove		
		TALE COL	Add Remove		
		HASSEE, F	Remove		
···		STATE: ST	Add Remove		
D. If amendi	ng any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary.)			
Ple	ese let records	Show that			
S	am Horton, and	Alex Steffeno gre			
W	Anaginy Member				
Dated <u>J</u>	1/28 ,2	908			
-	A Signature of a mem	iber or authorized representative of a member			
-	Alex	Steffand ped or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00