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T. CLINE
APR 1 0 2009
EXAMINE

## **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT: The Bo	niche Group LLC (Name of Lim	sited Liability Company)		B	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Sergio A Boniche				
		(Name of Person)			
	The Boniche Group LLC				
		(Firm/Company)			
	9737 NW 41 St #738		<del></del>		
		(Address)			
	Doral, FL 33178				
		(City/State and Zip Code)		<b>⊐</b> ≥	
For further information of	concerning this matter, please o	eall:	·	2009 APR	n
Sergio A Boniche	·	at ( 305 ) 675-3236	····	ASSE ARY ASSE	F
	of Person)	(Area Code & Daytime 1	'elephone Number)	AM 11: 09 ( OF STATE EE: FLORID)	M
Enclosed is a check for t	•			L .	
□ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certificate of Certified Conditional of Certified Condi	of Status &	

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

The Boniche Group LLC		
(Name of the Limited Liability) (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L09000012071	Company were filed on Februry 5th, 2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Sergio A Boniche LLC		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designation "LLC	or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	70
		<u>~</u> • • • • • • • • • • • • • • • • • • •
		TS E
Enter new mailing address, if applicable:		Z :
(Mailing address MAY BE A POST OFFICE BOX)		m &
B. If amending the registered agent and/or registered agent and/or the new registered office ad		name of the new
Name of New Registered Agent:		**************************************
New Registered Office Address:	(Enter Florida street addre	ss)
	. Florida	
<del></del>		(Zin 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.

<u>litle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			page 13
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). If ame	nding any other information, en	ter change(s) here: (Attach additional sh	neets, if necessary.)
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Dated	April 6	, <u>2009</u> .	

Page 2 of 2

Filing Fee: \$25.00