L09000012071

(F	Requestor's Name)	
	Address)	
(<i>I</i>	Address)	<u> </u>
(0	City/State/Zip/Phone	#)
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(E	Business Entity Name	<u> </u>
(1)	Document Number)	
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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		oniche LLC		
SOBILA, II		Name of Limi	ted Liability Company	
The enclosed	f Articles of .	Amendment and fee(s) are subi	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	to the following:	
		Sergio A Boniche		
		Sergio A Boniche LLC	Name of Person	
		971 SW 178th Way	Firm/Company	
		Pembroke Pines, FL 33029	Address	
		Sergio@bonicheconsulting.c		
For further i	nformation c	E-mail address: (t oncerning this matter, please ca	to be used for future annual report notifi	cation)
Sergio A B		The state of the s	305 741-6221	
_	Name o	f Person	at ()	Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00 I	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

TO:

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

Sergio A Boniche LLC					
(Name of the Limite	d Liability Compar A Florida Limited L	ny as it now appears on our liability Company)	records.)		
The Articles of Organization for this Limited Lia Florida document number L09000012071				Lassigned	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
Vista Bay Group LLC			at I (" as the abbreviation	<u> </u>	
The new name must be distinguishable and contain the w	ords "Limited Liabil			n mine.	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		17113 Miramar Parkway #101			
		Miramar, FL 33027			
(Principal office duaress FIGST Dizgrafices	1 11101				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	17113 Miramar Parkw Miramar, FL 33027	vay #101		
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	Charles J. Zin	<u>'e</u> :		GECRE ARY OF STATE	2016 FEB 27 PH 4: 27
		City	riorida Zip	Code	
		Cu_{k}			

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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent. Signature of New Registered Agent

FILEU

(f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
			Remove
			☐ Change
<u> </u>	-		☐ Remove
			☐ Change
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Tective date, if other than the date of effective date is listed, the date must be ote: If the date inserted in this bloc occurrent's effective date on the Dep	e specific and cannot be priok does not meet the applic	cable statutory filin	nore than 90 days afte	
record specifies a delayed e		ot an effective (time, at 12:01	a.m. on the earlier
The 90th day after the recor	2019	·		
The 90th day after the recornated February 24th	 [<u> </u>		
The 90th day after the recornated February 24th	2019 gnature of a member or auth	norized representative	e of a member	

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Filing Fee: \$25.00