

L100000044145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

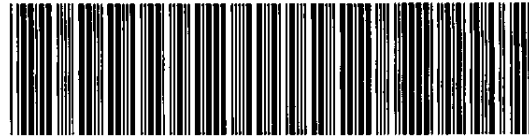
(Document Number)

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2011 NOV 30 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

DEC - 4 2011

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: BON INVESTMENTS, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Norma L Lyons

Name of Person

BON INVESTMENTS, LLC

Firm/Company

3100 Wales Drive

Address

Fort Myers, FL 33901

City/State and Zip Code

chammond@arhomes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Norma L Lyons

Name of Person

at ( 239 ) 768-3003

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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  
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

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SECRETARY OF STATE  
Tallahassee, Florida

**(Name of the Limited Liability Company as it now appears on our records  
(A Florida Limited Liability Company))**

The Articles of Organization for this Limited Liability Company were filed on 04/26/2010 and assigned Florida document number L10000044145.

**A. If amending name, enter the new name of the limited liability company here:**

***(Principal office address MUST BE A STREET ADDRESS)***

***(Mailing address MAY BE A POST OFFICE BOX)***

*Zip Code*

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Norma L Lyons	3100 Wales Drive Fort Myers, FL 33901	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

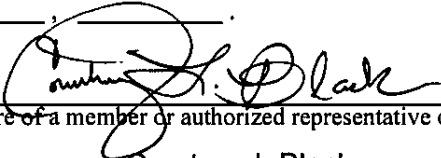
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 NOV 30 AM 11:32

FILED

Dated Nov. 28, 2011

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Courtney L Black  
 \_\_\_\_\_  
 Typed or printed name of signee