## L1000004145

(Re	questor's Name)			
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(Document Number)				
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SECULIARY OF STATE

T. HAMPTON

**EXAMINER** 

## **COVER LETTER**

Division of Co	rporations				
CHDIECT.	BON INVE	ESTMENTS, LLC			
SUBJECT:		ted Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence 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)				
The first transition	•	•	actory		
For further information	concerning this matter, please of	can:			
No	orma L Lyons	at ( 239 )	768-3003		
Name of Person		Area Code & Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

RON INVESTMENTS LLC

FILED

2011 NOV 30 AH 11: 32

ВО	N INVESTMENTS, LLC	SECHLIARY!	OF STATE
(Name of the Limited I (A F	lability Company as it now appear lorida Limited Liability Company)	rs on quan neconds9SEE	, FLORIUA
The Articles of Organization for this Limited Lia  Florida document number L100000441	• • •	04/26/2010	and assigned
Prortua document number	•		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company he	re:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp.	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<del>,</del>		
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, <u>enter t</u> l	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	<u> </u>		
	nter Florida street addi	ess	
		, Florida	Zip Code
	City		zip Coae

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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address** Type of Action MGRM Norma L Lyons ✓ Add ☐ Remove 3100 Wales Drive Fort Myers, FL 33901 ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Nov. 28, 2011 Signature of a member or authorized representative of a member Courtney L Black

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee