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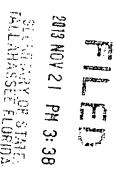
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(Document Number)
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## **COVER LETTER**

TO: Registration Se Division of Cor		and the second s	me to the second of the second
SUBJECT:	BONEX 67 Name of Limit	ROUP LLC ted Liability Company	· 
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	SVATAVA	JUR INOVA Name of Person	
	FL PREST	TIGE SERVICE Firm/Company	TS LLC
	121 GIN	GER RD.  Address	
	VENICE,	FL 34293 City/State and Zip Code	
	E-mail address: (to	DR @ YAHOO. CC be used for future annual report notification	OM ion) > ~ ~
For further information co	oncerning this matter, please ca		on) 2113 NOV 2
SVATAVA	JURINOVA	at ( 941 ) 4 9 3 94 Area Code & Daytime Te	98 55 2 1
Name of	Person	Area Code & Daytime Te	elephone Number
Enclosed is a check for th	e following amount:		<b>8</b>
\$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION -OF

BONEX					
(Name of the Limited (A	Liability Company as Florida Limited Liabili	it now appears of ty Company)	n our records.)		,
The Articles of Organization for this Limited Li Florida document number	ability Company were 7537	e filed on	127/2016	2 and a	ssigned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liability	company here:			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited L	iability Company,	' the designation "I	LC" or the	abbreviation
Enter new principal offices address, if applica	able:	····			····
(Principal office address MUST BE A STREE	T ADDRESS)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I			, WCL/AHA	2018 NOV	G II
B. If amending the registered agent and/oregistered agent and/ore the new registered of		address on our	records, enter:		of the nev
egistered agent and/or the new registered or			-	$\omega$	
Name of New Registered Agent:	FL PRES			<u> </u>	<u>C</u>
New Registered Office Address:	121 611		D. Florida street add	POFF	
	VENICE				3
	VENICE	y	, FIOTIQ <b>A</b>	Zip Coc	le

## 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

It 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> Name | **Address** Type of Action 4024 BREAKVIEW DRIVE \*206 Add MGR VANKOVA KATERINA ORLANDO, US 328/9 FL Remove 4024 BREAKVIEW DRIVE \$206 X Add MGRM NEUMANN LUBOMIR ORLANDO, US 32819 FL Remove Remove Remove ઝ 38 8 Remove

Add

Remove

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ated	NOV 13	13	, 2013	·		
			NEUMANN	LUBOMIR	Mrs.	
	<del></del>		Signature of a member or su	thorized representative of	f a member	
			Typed or pr	inted name of signee		
		Page 3 of 3				
			Eriti.	P \$35.00		

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