L10000068070

. (Requestor's Nam	e)
(Address)	
(Address)	
(City/State/Zip/Ph	one #)
PICK-UP WAIT	MAIL
(Business Entity N	lame)
(Document Numb	er)
Certified Copies Certifica	tes of Status
Special Instructions to Filing Officer:	

Office Use Only



400183425564

07/23/10--01023--008 **25.00



S. HAWKES

JUL 2 6 2010

EXAMINER

COVER LETTER

TO: Registi Divisio	ation Section n of Corporations
SUBJECT:	Bonita Diner, LLC
67	Name of Limited Liability Company
*	
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
. • • •	
	James F. Morey
*	Name of Person
	Bond, Schoeneck & King, PLLC
	Firm/Company
	4004 Tamiami Taril N. Cuita 250
	4001 Tamiami Trail N, Suite 250 Address
	Naples, Florida 34103 City/State and Zip Code
	jmorey@bsk.com
2	E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
	Name of Person Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a ch	eck for the following amount:
▼ \$25.00 Filing	Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
· · · ·	
•	
(2) (참 1) = 1 ()	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

	Bonita Di	ner, LLC		مند. مند	
(Name of the Limited	Liability Compa	ny as it now appe	ars on our records.)	3	
	r iorida Lillilled i	nability Company)			
The Articles of Organization for this Limited L	iability Company	were filed on	June 25, 2010	and assigned	
	• • •				
Florida document numberL1000006	3070 .	.			
•					
This amendment is submitted to amend the foll	owing:			ن <u>الم</u>	
A TC	e 28 11	:114		3"	
A. If amending name, enter the new name o	i the iimited ijad	mty company ne	<u>:re</u> :		
<u> </u>					
The new name must be distinguishable and end wi	th the words "Limi	ted Liability Com	pany," the designation "I	LC" or the abbreviation	
"L.L.C.".					
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	2135 Imperi	al Circle			
	Naples, Florida 34110				
* :	·. ·	· · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	BOX)	· · · · · · · · · · · · · · · · · · ·			
		<u> </u>			
•			•		
B. If amending the registered agent and/			our records, enter t	he name of the new	
registered agent and/or the new registered o	ffice address her	<u>c</u> : ·			
•			•		
Name of New Registered Agent:					
:	-2125 Impor	ial Cirola	•		
New Registered Office Address:	= 2135 Imperial Circle Enter Florida street address				
. · · ·		, £	mer Puriuu sireei uaa		
and the second	Naples		, Florida	34110	
	City			Zip 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.

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 **Type of Action Title Name** <u>Address</u> Romeo Terezi . MGR 2135 Imperial Circle **✓** Add Naples, Florida 34110 Remove Add Remove ___Nemove Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 20 2010 Dated Signature of a member or authorized representative of a member James Morey, Authorized Representative Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00