

**L11000133968**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**12 JAN 26 PM 12: 22**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

N. Quinn    JAN 27 2012

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 20000 Gulf B 204 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:

**Leola Bonham**  
Name of Person  
**20000 Gulf B 204 LLC**  
Firm/Company  
**12175 119th Street**  
Address  
**Largo, FL 33778-2004**  
City/State and Zip Code  
**leolabonham@gmail.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Leola Bonham** at ( **727** ) **798-9279**  
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
- \$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

20000 Gulf B 204 LLC

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

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The Articles of Organization for this Limited Liability Company were filed on Nov. 28, 2011 and assigned Florida document number L11000133968.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*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 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	Chritopher J. Bonham	12175 119th St Largo, FL 33778-2004	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Christopher Enterprises, LIMITED PARTNERSHIP	12175 119th St Largo, FL 33778-2004	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Christopher J. Bonham	12175 119th St Largo, FL 33778-2004	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated Jan 23, 2012

Leola H. Bonham  
Signature of a member or authorized representative of a member

Leola H. Bonham  
Typed or printed name of signee