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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	BONA VENTURA GROUP LLC	
	Name of Limited Liability Company	
	osed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following:	
	Hector E. DiBonaventura	
	Hector E. DiBonaventura Name of Person Bonaventura Group LLR Firm/Company	
	1800 N BAyshore Drive # 612 3	en alg
	Miami F2 33132 82 8	
	City/State and Zip Code Hector Dibo gmail. com E-mail address: (to be used for future annual report notification)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
For furt	er information concerning this matter, please call:	
He	Name of Person Name of Person Name of Person Area Code & Daytime Telephone Number	
	Name of Person Area Code & Daytime Telephone Number	
Enclose	is a check for the following amount:	
\$25.	O Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

BONAVENTURA GROUP LLC

(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 Liabilit	ty Company were filed on 08/6	08/2012 and assigned
Florida document number <u>L/2 000 10 20</u>	65	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	****
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the	F [5 1
Enter new principal offices address, if applicable:		\$67 20 F
(Principal office address MUST BE A STREET AL	ODRESS)	
		Sin I
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ords, enter the name of the new
	·	
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Flor	ida 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> Address **Type of Action Name** TONI L. Di BONAVENTURA Maria G. DiBonaventura 1800 N. Bryshore Drive Add H612 PROTECT MARTINI FZ 33132

Maria G. DiBonaventura 1800 N. Bryshore Drive Add Helling

Maria Franco A. D. Bonaventura 1800 N. Bryshore Drive Add Helling

Maria Franco A. D. Bonaventura 1800 N. Bryshore Drive ABB

#612 Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) member or authorized representative of a member ector E. Di Bona Ventura Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00