

L12000150667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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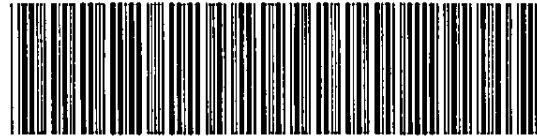
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. WARREN

OCT 09 2017

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October 3, 2017

Ms. Karen A. Saly
Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

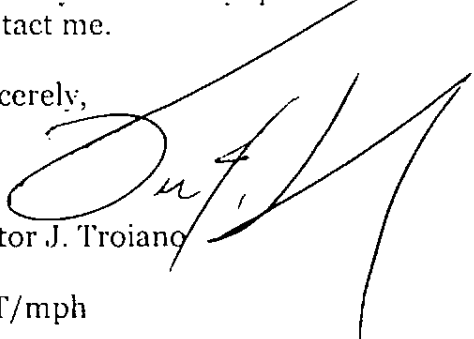
RE: Bonny Shores Investments, LLC
Ref No.: L12000150667

Dear Ms. Saly:

Pursuant to your letter dated September 13, 2017, a copy of which is attached, enclosed please find the original Articles of Amendment to the Articles of Organization for Bonny Shores Investments, LLC along with our firm's check in the amount of \$25.00 for the filing fee.

Should you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,


Victor J. Troiano

VJT/mph

Enclosure



FLORIDA DEPARTMENT OF STATE
Division of Corporations .

September 13, 2017

BONNY SHORES INVESTMENTS, LLC
JAMES E. KELLEY
P.O. BOX 530
LAKE LAND, FL 33802

SUBJECT: BONNY SHORES INVESTMENTS, LLC
Ref. Number: L12000150667

We have received your document for BONNY SHORES INVESTMENTS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 717A00018645

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BONNY SHORES INVESTMENTS, 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 Liability Company were filed on November 30, 2012 and assigned
Florida document number L12000150667.

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 contain 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:

James E. Kelley

New Registered Office Address:

164 Bonny Shores Drive

Enter Florida street address

Lakeland

City

Florida

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	James E. Kelley	P.O. Box 530	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33802	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMBR	James Kelley	P.O. Box 530	<input type="checkbox"/> Add
		Lakeland, FL 33802	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMBR	Jolene Kelley	P.O. Box 530	<input type="checkbox"/> Add
		Lakeland, FL 33802	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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