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COVER LETTER

Division of Cor	porations		
BONNY SI	HORES INVESTMENTS, LLC	•	
ODJECT.	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Victor J. Troiano, Esquire		
		Name of Person	
	Troiano & Roberts, P.A.		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	317 South Tennesee Avenu	ie	
		Address	
	Lakeland, Florida 33801		
		City/State and Zip Code	
	kelleyproperties@tampabay		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
Victor J. Troiano		863 686-7136 at ()	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

TO:

Registration Section

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

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 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: New Registered Office Address: Enter Florida street address

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.

City

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>	Address	Type of Action
AMBR	Julie E. Kelley	P.O. Box 530	Add
		Lakeland, FL 33802	□ Remove
			Change
			
			☐ Remove
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ffective date, if other than the date an effective date is listed, the date must be sporter. If the date inserted in this block deocument's effective date on the Department.	ecific and cannot be priones not meet the applications.	cable statutory filing	(option ore than 90 days after fi requirements, this d	ling.) Pursuant to 605,0207 (1
e record specifies a delayed effe The 90th day after the record is	ective date, but no s filed.	ot an effective ti	me, at 12:01 a.ı	m. on the earlier of:
ated October 11	2017	 ,		
		200	<u> </u>	
Signat	ture of a member or auth	orized representative	of a member ,	

Page 3 of 3

Filing Fee: \$25.00