L13000045831

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COVER LETTER

	Registration Se Division of Cor			,
CHDIE		EAL ESTATE & MANAGEM	IENT GROUP LLC	
SUBJEC	-1: <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		BONNIE ELIZALDE-RIV		
			Name of Person	
		BONELI REAL ESTATE	& MANAGEMENT GROUP LL	С
			Firm/Company	
		14164 STILTON ST		
			Address	
		TAMPA FL 33626		
			City/State and Zip Code	<u></u>
		BONNIEPROPERTIES@C		
For furth	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	tification)
BONNII	E ELIZALDE-R	IVERA	8∳3 728-8916 at ()	
	Name o	f Person		ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Se	ection .
	Division of C		Division of Co	
	P.O.: Box 632	7	The Centre of	
	Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BONELLREAL ESTATE & MANAGEMENT GROUP LLC

(Manie of the Lin	nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Iorida document number L13000045831	Liability Company were filed on 3/28/2013	and assigned
his amendment is submitted to amend the fo	ellowing:	
A. If amending name, enter the new name	of the limited liability company here:	
N/A		
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if appl	licable:	
Principal office address MUST BE A STRE		
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	E BOX)	
•	E BOX)	
•	E BOX)	
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our records, enter the nam	ne of the new regi
Mailing address MAY BE A POST OFFICE	registered office address on our records, enter the nam	ne of the new regi
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our records, <u>enter the nam</u> ress here:	ne of the new regi
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our records, enter the nam	ne of the new regi
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	registered office address on our records, <u>enter the nam</u> ress here:	ne of the new regi
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or gent and/or the new registered office address	registered office address on our records, <u>enter the nam</u> ress here:	ne of the new regi
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	registered office address on our records, <u>enter the namess here:</u> N/A	ne of the new regi

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 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
MGR	ANGEL L RIVERA	14164 STILTON ST	□ Add
		TAMPA FL 33626	■Remove
			□Add
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