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COVER LETTER

| SUBJECT: BONN DEVELOPMENT COMPANY, 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: |
| JOYCE M. BONENBERGER Name of Person |
| BONN DEVELOPMENT Co., ILC. |
| 1275 CLUBHOUSE DR. Address |
| ROCKLEDGE, FL 32955 City/State and Zip Code |
| FBONENBEE CFL. R.R. CDM E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| JOYEE BONENBELGER at (321) 631-5837 Name of Person Name of Person Name of Person Name of Person |
| Enclosed is a check for the following amount: \$\Begin{array}{ c c c c c c c c c c c c c c c c c c c |

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

| (Name of the Limited Liability Company as it no (A Florida Limited Liability Company were filed Florida document number 4/4000/22900 | |
|--|--|
| Florida document number 1, 14000122900 | and assigned |
| Florida document number | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability com | oany here: |
| | |
| The new name must be distinguishable and end with the words "Limited Liability Compa | any," the designation "LLC" or the abbreviation "L.L.C." |
| Enter were with the last of th | |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | 22 72 |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | 19 77 & |
| | |
| | |
| B. If amending the registered agent and/or registered office add | ress 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: | |
| | Inter Floridu street address |
| | |
| | , Florida Zip Code |

If Changing Registered Agent, Signature of New 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|---|----------------|
| MGR | FRANK P. BONENBERGER | 1275 CLUBHOUSE DR | |
| | | ROCKLEDGE, FL 3293 | 73 ☐ Remove |
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| ve date, if other than the date | prior to date of receipt or filed date and cannot be more than 90 days after |
|---|--|
| this document is filed by the Florida D | Department of State) |
| 2 | |
| | , 2014 |
| AUSTIST 20 | , |
| AUST 20 | M. BONENBER ETR Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

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