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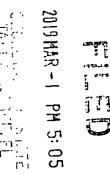
| (Re | questor's Name) | |
|---------------------------|-------------------|---------------------------------------|
| (Add | dress) | |
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| (City | y/State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | siness Entity Nar | me) |
| (Doc | cument Number) | · · · · · · · · · · · · · · · · · · · |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | | |
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Office Use Only



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R. WHITE MAR 0.8 2019

COVER LETTER

| Division of Co | rporations | | |
|----------------------------|---|--|---|
| SUBJECT: | A Bonita Life | LLC | |
| | | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | David | Diederick Name of Person | |
| | | | |
| | AB | onita Life LLC |) |
| | | Firm/Company | |
| | 25774 06 | LD WASLIGHT D | ₽. |
| | | Address | |
| | BODITA | SPRIDAS FI 3 | 4135 |
| | | City/State and Zip Code | '1 |
| | <u>ohiobea</u> | SPEINGS, FL 3 City/State and Zip Code Ch by m 5 b 6 5 to be used for future annual report no | imail com |
| | | | o(ilication) |
| For further information c | concerning this matter, please co | aH: | |
| David Di | iederich | at (<u>239</u>) <u>27</u> Area Code Dayt | 2-8419 |
| Name (| of Person | Area Code Dayt | ime 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

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

FILED

| (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 February 9, 2015 and a Florida document number | |
|--|---------------|
| Florida document number <u>L / 50000 238</u> 74 This amendment is submitted to amend the following: | assigned |
| Florida document number <u>L / 50000 238</u> 74 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 registered agent and/or the new registered office address here: | ne of the nev |
| | |
| Name of New Registered Agent: David Diederich | |
| Name of New Registered Agent: David Dicderick 25774 OLD GASCIGHT Dr. Enter Florida street address Bonita Springs Florida 3412 City Zip Cox | |

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|------------------|--------------------------|--|----------------|
| M <u>anage</u> r | Lisa Beringer | 24166 Stillwell PKWY Bonita Springs, FL 34135 | Add |
| | | Bonita Speings, FL 34135 | Remove |
| | | | Change |
| Manager | David Diederich | 25774 OLD GASLIGHT DR | <u>∕</u> Add |
| | Bonita Springs, Fl 34135 | 🗆 Remove | |
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| | | | ☐ Change |

| | We are making this Change because the business (A Bonita Life LLC) management is |
|-------|--|
| | business (A Bonita Life LLC) management is |
| | changing. |
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| Note: | tive date, if other than the date of filing: February 4 20/9 (optional) Tective 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)(1) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. |
| Dated | February 25 2019. David Diederich |
| | Signature of a member of authorized representative of a member |
| | David Diederick Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00