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COVER LETTER

TO: Registration S Division of Co.		•	
SUBJECT:	nderson Sales Name of Limit	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Mindy	Dickerson Name of Person	
	Bronder	S ON Salls Firm/Company	
	86278	Eastort Dr. Address	····
	Fernan	City/State and Zip Code	1034
	tee fime l E-mail address: (t	102509mail.com	otification)
For further information of	concerning this matter, please ca	alt:	
Mind y Name o	DICKOSSON of Person	at (QOY) 338 Area Code Dayti	S-4638 me 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

Bonderson	Sales, LLC	
(<u>Name of the Limited Llability Compa</u> (A Florida Limited l	ny as It now appears on our recon Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number 15000206180.	were filed on 12/10/6	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	Dr. Communication and I	
	my Company," the designation "LL	
Enter new principal offices address, if applicable:		7.70
(Principal office address MUST BE A STREET ADDRESS)		THE COLUMN THE STATE OF THE STA
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Enter new mailing address, if applicable:		ST W
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our record	ds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		lorida
	City	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 Title Address Name **Type of Action** 86278 Eustport Dr. Russell Bonds AMBR Fernandina Rch, FL 32034 GREMOVE ☐ Change 86278 Gastport Dr. Jessica Bonds AMBR Fernandina BCh, FL 32034 ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add Remove E Change-

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Filing Fee: \$25.00