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SI'CRETARY OF STATE

K.SALY EXMINER EXMINER 28

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	J.D. Bonverg	LLC	
	Name of Lim	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:	
	Jame	Property of Person	
	J. D. Bo	PNUVA LLC Firm/Company	
	3256 NV	V 4/ A V C	
	Cape Coral	City/State and Zip Code CIXXX Do Mail. conto be used for further annual report notific	}
	martinhunt E-mail address: (1	erx 2 a g mail. co le to be used for fundre annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
James Name of	Martin of Person	at (586) 855 - Area Code Daytime	- 6595 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

FILED	
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TALLAHASSEE, FLORIS.	4
SEE, FLORID.	

Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) 11/2 The Articles of Organization for this Limited Liability Company were filed on March 16, 2016 and assigned Florida document number L 16000054436. 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: 3256 NW 41 AVP Expenses Enter Florida street address

Capl Coral Florida 33993

City Zip Code New Registered Office 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, Lhereby confirm that the limited lightly company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	<u>Name</u>	Address	Type of Action
MGR	James Mastin	3256 NW 41 AVE Cape Coral FC 3	3573 Add
			Remove
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	POT RE
(If an e	tive date, if other than the date of filing: (optional) (fective 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) (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.
docu	
the re	ecord 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.
the re	
the re	e 90th day after the record is filed.

Page 3 of 3

Filing Fee: \$25.00