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COVER LETTER ,

TO:	Registration Sec Division of Corp			
SUBJI	ect: <u>Bok</u>	JUM MARE CO	DNSULTING L.L. ited Liability Company	<u>C</u> .
The en	aclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
		MYRI	AM BAGGINI	
			Name of Person	
		BONUM	MARE CONSULTIV	ve L.L.C.
			Firm/Company	
		148	YOUNG. ANE.	
			Address	· · · · · · · · · · · · · · · · · · ·
		COCOA BEA	CH FL 329	31
		BONUMMAR F-mail address: ()	ECONSULTING © GH to be used for future annual report notifi	IAIL, COM
For fur	ther information co	oncerning this matter, please ca	·	·······
	MYRIAM	BAGGINI	at(321) 301·	2236
	Name of	Person	Area Code Daytine	Telephone Number
Enclos	ed is a check for th	e following amount:		
⊠ \$2.	5.00 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

TO ARTICLES OF ORGANIZATION OF

BONUM MARE CONSI	ULTING L L.C.
(Name of the Limited Liability Company (A Florida Limited Lia	
The Articles of Organization for this Limited Liability Company we Florida document number L 16 000123 906	were filed on 06/28/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
BONUM MARE L.L.C.	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	27
(Mailing address MAY BE A POST OFFICE BOX)	
	0.8.1. 73
	30 NA
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the nev</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Jorida street address
	, Florida
	City Zip Code
You Registered Apont's Signature if abandon Decistered A	

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 = M $AMBR = M$	Manager Authorized Member		,
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			□ Remove
			☐ Change
			
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