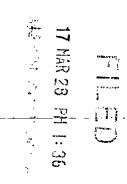
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O SIMMONS MAR 3 0 2017

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT:	DIBPA L	LC	
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DENNIS :	J. BONNELL Name of Person	
	_	Name of Person	
	MBI	PA, LLC Firm/Company	
		Firm/Company	
	826 N	SETON ANG	
		Address	
	LECANTO	SETON AVE Address FL 34461 City/State and Zip Code 20 GMAIL . COM (to be used for future annual report notification)	
		City/State and Zip Code	
	DBONNELL Z	2@GMAIL.COM	Section)
			ication)
	oncerning this matter, please of	all:	
DENNE J.	BONNELL	at (<u>352</u>) <u>634 –</u> Area Code Daytime	0600
	f Person	Area Code Daytime	: 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

DIBRA, LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed on Florida document number	n 3/09/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	
DENNIS I BONNELL REALESTATE, LL	C
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:	20.4.
(Principal office address MUST BE A STREET ADDRESS)	
	. 23
	3 里 西
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	٠. ن ن
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: Name of New Registered Agent:	s on our records, enter the name of the nev
New Registered Office Address:	
Ente	r Florida street address
	, Florida Zip Code
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 t	this capacity. I further agree to comply with the

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 $AMBR = A$	Ianager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
		•	☐ Change
			□ Remove
			Change
		() 	
	/		□ Remove
		/ _/	Chânge T
			Add TI
	/		☐ Remove
			☐ Change
			□ Add
			Remove
			□ Change
			Add
			☐ Remove
			☐ Change

Effective date, if other than the date of filing: 3/37/3017 (optional) Fan effective date is listed, the date must be specific and cannot be prior to dark of filing or more than 90 days after filing.) Pursuant to 605 6207. **Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a locument's effective date on the Department of State's records. **Be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. **Dated Signature of promiser or authorized representative of a member Dennils.** **Dennils** The Bonnels** **Dennils**			
Effective date, if other than the date of filing: 3/37/3017 (optional) If an effective 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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The 90th day after the record is filed. Dated Signature of a fember or authorized representative of a member			
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Signature of a member or authorized representative of a member			
Signature of a member or authorized representative of a member	Dated		
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		Signature of a tylember or authorized representative of	f a member

Page 3 of 3

Filing Fee: \$25.00