L17000149259

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COVER LETTER

TO:	Registration Sec Division of Corp		•	
CLUSTE		terprises, LLC	•	
SUBJE	CT:		ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		R. Keith Stark		
			Name of Person	
		Stark Reagan PC		
			Firm/Company	
		1111 W. Long Lake Road.	Suite 202	
			Address	
		Troy, MI 48098		
			City/State and Zip Code	
		rkstark@starkreagan.com		
		E-mail address: (i	to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please co	ıll:	
R. Keit	h Stark		248 641-9955	
	Name of	`Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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

Bonwill Enterprises, LLC		
(<u>Name of the Limited Liahi</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	,
The Articles of Organization for this Limited Liability (Florida document number L17000149259	Company were filed on July 12, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
	·	20
he new name must be distinguishable and contain the words "Lii	mited Liability Company," the designation "LLC" o	
Enter new principal offices address, if applicable:		007
Principal office address MUST BE A STREET ADD	RESS)	· 2
		<u></u> <u>P</u> .
		= =
Inter new mailing address, if applicable:		E 01
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add	•	enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	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, <u>enter the title</u>, <u>name</u>, <u>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
AMBR	Michael H. Bonwill, Jr	7076 Strawberry Street Englewood, FL 34224	■ Add
			□ Remove
			☐ Change
			Add
			Remove
			□ Change
			Add
			Remove
			Change
	· · · · · · · · · · · · · · · · · · ·	_	□ Add
			☐ Remove
			Change
		-	
			☐ Remove
			Change
			□ Add
			☐ Remove
			Change

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<u>te:</u> If the c	te, if other than the da ate is listed, the date must be date inserted in this block ffective date on the Depa	does not meet the app	licable statutory filii	optiona (optiona) nore than 90 days after filing ng requirements, this da	l) ng.) Pursuant to 605.020 te will not be listed a:
	pecifies a delayed e day after the record		not an effective	time, at 12:01 a.m	ı. on the earlier o
ted	10-16	2019			
			_		

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Filing Fee: \$25.00

Typed or printed name of signee