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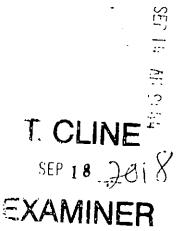
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COVER LETTER

BONNIE	L BARNES "LLC"		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JAMES H COLLIER SR		
	COLLIER'S ACCOUNTING	Name of Person G SERVICE, INC.	
Name of Person COLLIER'S ACCOUNTING SERVICE, INC. Firm/Company 8812 SHENANDOAH LANE Address HUDSON, FL 34667 City/State and Zip Code JCOLLI58@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JAMES H COLLIER SR Area Code Name of Person Total Report notification Area Code Daytime Telephone Number Einclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy Certified Copy	<u></u>		
	HUDSON, FL 34667	Address	
For further information		`	ication)
		727 868-6020	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	•	Certified Copy	☐ \$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

BONNIE L BARNES "LLC" (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JULY 19 2018 _____ and assigned Florida document number _____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BONNIE L BARNES LLC The new name must be distinguishable and contain the words "Limited Liability 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: (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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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
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			☐ Remove
			Change
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SEPTEMBER 12	2018			
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Page 3 of 3

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