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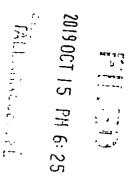
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COVER LETTER

	Registration Se Division of Cor		st.	•				
cub ica	BONANO .	ACQUISITIONS LLC	•					
SUBJEC	.1: <u></u>	Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	turn all correspo	ndence concerning this matter	to the following:					
		Jomar Bonano-Lopez						
			Name of Person					
			Firm/Company					
			Address					
			City/State and Zip Code					
		E-mail address: (to be used for future annual report notif	ication)				
For furth	er information co	oncerning this matter, please ca	all:					
Jomar B	onano-Lopez		386 337-1949 at ()					
	Name o	f Person		Telephone Number				
Enclosed	l is a check for th	ne following amount:						
■ \$25. 0	00 Filing Fec	☐ \$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

BONANO ACQUISITIONS LLC							
(Name of the Limited	Liability Compa A Florida Limited I	ny as it no Liability Co	w appears on o empany)	ur records.)		_	
The Articles of Organization for this Limited Lia	bility Company	were file	d on	19	алс	d assign	ed
This amendment is submitted to amend the follow	 vine:						
A. If amending name, enter the new name of		uility com	nany here:				
4. It amending name, enter the new maine or	the minited hab	nnty com	pany nere.				
The new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Compa	ny," the designa	tion "LLC" or the	abbreviatio	n "L.L.C.	
Enter new principal offices address, if applica	ble:	_				20	
Principal office address MUST BE A STREET	ADDRESS)				25.0	300	- 7-1
•					<u> </u>	<u> </u>	- V -
						S	
Enter new mailing address, if applicable:					<u>د</u> . ا	PH	= - 1
Mailing address MAY BE A POST OFFICE B	ox)					<u>ئ</u>	
<u> </u>	<u> </u>				1	2	
							
B. If amending the registered agent and/o registered agent and/or the new registered offi			ress on our	records, ento	er the na	me of	the new
Name of New Registered Agent:	Jomar Bonano-	Lopez					
New Registered Office Address:							
		I	Enter Florida str	eet address			
				Florida			

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.

City

Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jomar Bonano-Lopez	2772 S ELSTON DR	
	 		
· MGR		DELTONA, FL 32738	
			□ Remove
			Change
	-		
			□ Remove
			Change
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Remove
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or 4	and the state of t
an eff lote:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	October 10 . 2019. Signature of a member or authorized representative of a member
	- James (South

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00