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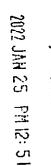


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## **COVER LETTER**

TO: Registration Division of C	
SUBJECT:	Bonita Builders
	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corres	pondence concerning this matter to the following:
	Roy Thillberg  Name of Person  Dallace
	Bon-ty Builders Firm/Company
	9990 Coconut Road
	Bonita Springs FL 34135  City/State and Zip Code
	$\alpha = 1$ -111 $\alpha = 1$ $A = 1$
For further information	concerning this matter, please call:
Roy T	E-mail address: (to be used forcing annual report notification)  i concerning this matter, please call:    hillberg
. /	the following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy  (additional copy is enclosed) Certified Copy  (additional copy is enclosed)
Mailing Addi Registration Division of	Section Registration Section
Division of	Corporations Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLE	ES OF ORGANIZATION 💢 💆 🦼 🥏
	OF
Boni	ita Builders
( <u>Name of the Limited Liah</u> (A Flor	ability Company as it now appears on our records.) orida Limited Liability Company)
	ty Company were filed on 1/26/2021 and assigned
This amendment is submitted to amend the following:	1.
A. If amending name, enter the new name of the li	•
The new name must be distinguishable and contain the words "I.	Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS) BONITA Springs FL 39133
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9990 Coconut Road Bonity Springs FL 34135
B. If amending the registered agent and/or register agent and/or the new registered office address here	ered office address on our records, <u>enter the name of the new registered</u> e:
Name of New Registered Agent:	
New Registered Office Address:	Bonity Springs Florida 34135
	Bonity Springs Florida 34135

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

Thereby 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.

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
<u>M6R</u>	Roy W Thillberg III	20257 Ruyal Villagio Court	□Add
	•	#707	□Remove
		Estero FL 33928	7 <b>2</b> Change
			□ Add
			□Remove
			□Change
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ve date, if other than the date of filing:
he record ord is fil	
Dated .	1/20 . 2022 .
	Signature of a member or authorized representative of aniember  Aoy W Thillberg III  Typed or printed name of signee
	A W TI: Who tit