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COVER LETTER

	Registration : Division of C			
SUBJEC		Bonnie LLC		
		Name of Li	mited Liability Company	·
The enclo	sed Articles o	f Amendment and fee(s) are su	abmitted for filing.	
		oondence concerning this matte		
		Maria Guerrero Marquez	:	
		<u> </u>	Name of Person	
		DiMercurio Advisors		
			Firm/Company	
		111 N Orange Ave STE I	450	
		****	Name of Person rs Firm/Company STE 1450 Address City/State and Zip Code imercurioadvisors.com dress: (to be used for future annual report notification) ease call:	
		Orlando, FL 32801		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		Businessservices@dimerc	urioadvisors.com	
		E-mail address:	(to be used for future annual report no	otification)
For further	information of	concerning this matter, please o	call:	
Maria Gue	еттего Магque	7.		
1	Name o	f Person		me Telephone Number
Enclosed is	a check for th	he following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	niling Addres			
	egistration S	Section orporations	-	
	O. Box 632	•		_
	llahassee, F			oe Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stuart & Bonnie LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were f	iled on and assigned
lorida document number L24000332635	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability co	mpany here:
Stuart & Bonnie's LLC	
he new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. 22
Principal office address MUST BE A STREET ADDRESS)	
	.7
	
Inton non-molling address if small able.	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	· · ·
	· · ·
. If amending the registered agent and/or registered office address gent and/or the new registered office address here:	on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
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 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
		-	
			□Remove
		M	Change
			□Add
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