## 0000078848

(Re	questor's Name)				
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(Cit	y/State/Zip/Phon	e #)			
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## COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORA	Bonkowski Rathgo	eber Inc.	
DOCUMENT NUMBI	P070XXX78848 ER:		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
į	id Bonkowski		
-		Name of Contact Person	1
1	d Bonkowski Inc.		
_	7264 San Carlos Blvd, 302-	Firm/ Company	
_			
1	fort Myers Beach, FL 33931	Address	
<del>-</del>	<u> </u>	City/ State and Zip Cod	<u>e</u>
edboni	cowski@msn.com		/
	E-mail address: (to be us	sed for future annual report	
For further information	concerning this matter, pleas	se call:	
Ed Bonkowski		239 at (	770-2108
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Fiting Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle USSEC, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently file	d with the Florida Dept. of State)
P07(XXX)78848	
(Document Number of Con	poration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flori</i> is Articles of Incorporation:	da Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation:	
Ed Bonkowski Inc II	The new
ame must be distinguishable and contain the word "corporation,"	
Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co".	
ord "chartered," "professional association," or the abbreviation "P.A."	n e e e e e e e e e e e e e e e e e e e
	7
3. Enter new principal office address, if applicable; Principal office address <u>MUST BE A STREET ADDRESS</u> )	<del></del>
(The tput typice dadress <u>MOST THE A STREET ADDRESS</u> )	
	ς; <b>σ</b>
	m <sup>-</sup> T
Enter new mailing address, if applicable:	T: 2
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	- <del>(</del> 2 − ∞ − − − − − − − − − − − − − − − − −
_	*
_	
N 16	When the common of the
<ol> <li>If amending the registered agent and/or registered office address is new registered agent and/or the new registered office address;</li> </ol>	n Florida, enter the name of the
new registered agent means the new registered office address.	
Name of New Registered Agent	
Clarit, and a	11
(Florida street ad	aress)
	Florida
New Registered Office Address:	
New Registered Office Address: (City)	) (Zip Code)
	) (Zip Code)
	) (Zip Code)
(Ciry)	) (Zip Code)
(City) New Registered Agent's Signature, if changing Registered Agent:	
(City) New Registered Agent's Signature, if changing Registered Agent:	
(City) New Registered Agent's Signature, if changing Registered Agent:	

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	2	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				<del></del>
3) Change				
Add				
Remove				
4) Change				
, Add		<del></del>		
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

macii aaaiiniiimaa siic	eets, if necessary).	(Be specific)				
					<u>, </u>	<u> </u>
					<del> </del>	
	<del> </del>					
an amendment pr	ovides for an evel	hanas reclassifi	ícation or cance	llation of icened	charec	
provisions for impl	ementing the amo	endment if not c	ontained in the	amendment itself	<u> </u>	
(if not applicable	le, indicate N/A)					

The date of each amendment(s)	adoption:			, if other than the
date this document was signed.				
Effective date <u>if applicable</u> :				
	(n	o more than 90 day:	s after amendment file date)	
Note: If the date inserted in this document's effective date on the E			statutory filing requirements	, this date will not be listed as the
Adoption of Amendment(s)	(CHEC	K ONE)		
The amendment(s) was/were ac by the shareholders was/were s			ber of votes east for the amer	idment(s)
☐ The amendment(s) was/were ap must be separately provided for				
"The number of votes cas	t for the amendme	ent(s) was/were suff	ficient for approval	
by			·	
	(voting)	group)		
The amendment(s) was/were ac action was not required.	lopted by the boar	rd of directors witho	out shareholder action and sh	areholder
The amendment(s) was/were action was not required.	lopted by the inco	orporators without sh	nareholder action and shareho	older
Dated /0/	20/21	chish.	Monager	Sont Care
(By a select		rator - if in the hand	f directors or officers have n ds of a receiver, trustee, or of	ot been
	Ed Bonkowski			
	(Тур	oed or printed name	of person signing)	
	Manager	D		
		(Title of per	son signing)	