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(Addi	ress)	<del>.</del>
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JUL 0 9 2020 S. YOUNG

## **COVER LETTER**

TO:

**Registration Section** 

Div	ision of Corp	porations		
	Benzer FL	II LLC	,	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Frank Pomarico		
			Name of Person	
		<del></del>	Firm/Company	<del></del>
		5908 Breckenridge Parkwa	зу	
			Address	<del>-</del>
		Tampa, FL 33610	·	
			City/State and Zip Code	·
		E-mail address: (	to be used for future annual report noti	fication)
For further in	nformation co	oncerning this matter, please ca	all:	
Carly Tan			813 304-2221 at ( )	
<del></del> .	Name of	Person		e Telephone Number
Enclosed is a	check for th	e following amount:		
<b>≡</b> \$25.00 F	Filing Fee	☐ \$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)
Re Div P.C	iling Address gistration S vision of C D. Box 632 lahassee, F	Section orporations 7	Street Address: Registration Seconds Division of Core The Centre of Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Benzer FL 11 LLC			2020
(Name of the Limit			
The Articles of Organization for this Limited L  Florida document number L15000119353  This amendment is submitted to smand the following the control of the	·	were filed on <u>07/10/2015</u>	and assigned
This amendment is submitted to amend the foll	_	sility company boro	
A. If amending name, enter the new name of Wesley Chapel Rx LLC	i the ninted hat	omty company nere.	
The new name must be distinguishable and contain the v	vords "Limited Liabi	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	N/A	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, enter th	e name of the new registere
Name of New Registered Agent:	N/A	<del></del>	
New Registered Office Address:		Enter Florida street address	
		, Flori	
		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
			□Add
			□Remove
			Change
			Remove
			Change
			□Remove
		<u>-</u>	□ Change
			□ Remove
			□Change
			□Add
			□Remove
			□Change
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			□ Change

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ctive date, if other than the effective date is listed, the date is listed in this urnent's effective date on the	must be specific and cannot block does not meet the	e applicable statut			
cord specifies a delayed effect filed.	tive date, but not an eff	ective time, at 12:	01 a.m. on the earl	ier of: (b) The 90th o	iay after th
May 26	, 202	0			
20a	Daylock	201		<u></u>	
( )	Signature of a member	r or authorized repre	sentative of a memb	er	

Typed or printed name of signee