# 121000431255

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1926/31
· '8'

Office Use Only



600375038716

10/18/21--01024--009 \*+55.00



### **COVER LETTER**

Division of Cor	porations		
SUBJECT: 20	Hale 12iches	ited Liability Company	· ·
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	DijAnder	Name of Person	PONCY
	<del></del>	Firm/Company	
	1000 Brick	Ell Flenive 5	3/2 715
	Miaminife	33131 City/State and Zip Code	
	PECILL ROUGH	lelle El arcillo o be used for future annual report noti	. Com fication)
For further information co	oncerning this matter, please ca	ill:	
Di Andra Name of	Person	at ( <u>786)</u> <u>260</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

**Registration Section** 

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address:

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

FILED

2021 OCT 18 AM 12: 35

0 1 10 1	11 20 70 711 12.00
KOUDIE' KICHES L	L.C. SECRETARY OF STUD
(A Florida Limited Limited Limited Limited	any as it now appears on our records.) [ALL AND SSEED 1]
	E.
The Articles of Organization for this Limited Liability Company	wwere filed on 1010112021 and assigned
Florida document number <u>L_21000431255</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
Benily Danie LLC	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
	16.6
Enter new principal offices address, if applicable:	1000 BRICKELL ALIENDE
(Principal office address MUST BE A STREET ADDRESS)	suite 715 Miami FL
	33131
Enter new mailing address, if applicable:	1000 BRICKELL AVENUE
(Mailing address MAY BE A POST OFFICE BOX)	Suite 715 Miam, FL
<u> </u>	
	33131
D. If and the state of the stat	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
agent and/or the new registered office address here.	
	_
Name of New Registered Agent: 1 1 A	dea K. Armstrony
New Registered Office Address: 1000 P	RICKELL PLENIES STE 715
New Registered Office Address.	Enter Florida street address
>	
Dico	City Florida 33/3/
New Decision I American Company of the Company	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.

II Changing Registered Agent, Signature of New Registered Agent

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			🗀 Change
<del></del>			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

9	Email Folless: Really Raple Licagnicil com	
_		
_		
_		
_	<del></del>	
_		
_		
_		
_		
_		
_		
_		
Note: I	we date, if other than the date of filing: 20 202 (optional) ctive date is listed, the date must be specific and cannot be pribr to date of filing or more than 90 days after filing.) Pursuant to 605.02 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed out's effective date on the Department of State's records.	07 ( as t
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after thed.	e
Oated <b>(</b>	Signature of a member or authorized representative of a member	
	D'ANYTRA K. FRONTARONA	