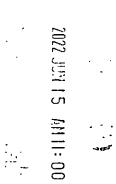
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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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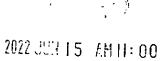
06/15/22--01018--009 **25.00



Office Use Only

c/ 9/1/2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Bente-Tres LLC

(Name of the Limited Liability Company as it now appears on our records.)

| (A Florida Limited L | Cabinty Company) | | | |
|--|---|--|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L22000173780</u> | were filed on 04/11/2022 and assigned | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabi | ility company here: | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "L.L.C." | | | |
| Enter new principal offices address, if applicable: | 7729 rockridge dr.w | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Jacksonville , FL 32244 | | | |
| | | | | |
| Enter new mailing address, if applicable: | 7729 rockridge dr.w | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Jacksonville , FL 32244 | | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the name of the new registered | | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Enter Florida street address | | | |
| | | | | |
| | | | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | |
| I hereby accept the appointment as registered agent and agro- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is | | | |

If 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 = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|-------------------------|----------------|
| AMBR | Maria Rosa Bedua | 7729 rockridge dr. W | □Add |
| | | Jacksonville , FL 32244 | □Remove |
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| fective date, if other than the date in effective date is listed, the date must be the lift between the date inserted in this block cument's effective date on the Dep | e specific and cannot be pri- k does not meet the appl | icable statutory filin | (option) fore than 90 days after filling requirements, this dispersion of the contract of the | ing.) Pursuant to 605.020 |
| ecord specifies a delayed effective of is filed. | date, but not an effective | time, at 12:01 a.m. | on the earlier of: (b) | The 90th day after the |
| ited June 10 | . 2022 | · | | |
| | A BEDUA gnature of a member or aut | | | |
| Si | gnature of a member or aut | horized representative | of a member | |

Filing Fee: \$25.00