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(City/State/Zip/Phone #)	
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COVER LETTER

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TO: Registration So Division of Cor			215 HOV
SUBJECT: 1300 Ber	nza, LLC		ASSEED D
	Name of Lim	ited Liability Company	7 8 5 D
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	⊕: 60 60 60
Please return all correspo	ondence concerning this matter	to the following:	
	Sarah Gross, Paralegal		
		Name of Person	1
	Law Offices of Frye & Va	zquez. PI.	
		Firm/Company	
	20900 West Dixie Highwa	ıy	
		Address	
	Aventura, FL 33180		:
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
For further information of	oncerning this matter, please ca	all:	
Sarah Gross		305 931-3200 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Gopy (additional copy is enclosed)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corporal Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1300 BENZA, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on December 14, 2012	and assigned
Florida document numberL12000156478		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here: Name of New Registered Agent: New Registered Office Address:		er the name of the nev
	, Florida	1
	City , Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		ļ
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I an ovided for in Chapter 605, F.S. C	n familiar with and 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANA MARIELLA BENZA	3475 North Country Club Drive, Unit 207, Aventura, FL 33180	□ Add
			■ Remove
			☐ Change
AMBR	Ana Mariella Benza, Trustee, Ana Mariella Benza Revocable Trust	3475 North Country Club Drive, Unit 207, Aventura, FL 33180	■ Add
			□ Remove
			☐ Change
AMBR	Maria Jose Calamo Benza	3475 North Country Club Drive, Unit 207, Aventura, FL 33180	, u ■ Add
			□ Remove
			☐ Change
AMBR	Claudia Calamo Benza	3475 North Country Club Drive, Unit 207, Aventura, FL 33180	■ Add
			□ Remove
			Change
			元 BAdd
			Remove
			© 00 D
			
			□ Remove
			☐ Change

amending any other information, enter change(s) here: (Attach additional sheets, if	f necessary.)
·,	
	
	
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	No.
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fective date, if other than the date of filing: (an effective date is tisted, the date must be specific and cannot be prior to date of filing or more than 90 days ote: If the date inserted in this block does not meet the applicable statutory filing requirements ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12: The 90th day after the record is filed.	01 a.m. on the earlier o
ted $\frac{\text{October}}{\text{October}} = \frac{23}{2018}$	
Marielle Berge S.	
Signature of a member or authorized representative of a member	
ANA MARIELLA BENZA Typed or printed name of signee	
· · trans as frames and a	
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Filing Fee: \$25.00