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Certified Copies	Certificate:	s of Status
Special Instructions to Fil	ing Officer:	

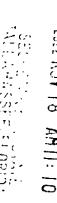
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A. RIVERS FEB - 3 2023



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COVER LETTER

TO:

TO: Registration Se Division of Cor			e e
	IVESTMENT HOLDINGS, L	rc	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Dominic DeCesare, Esq.		
		Name of Person	
	Foster & Fuchs, P.A.		
		Firm/Company	
	4425 Military Trail, Suite	109	
		Address	
	Jupiter, FL 33458		
		City/State and Zip Code	
	ddecesare@fosterfuchs.com		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Dominic DeCesare		561 799-6797 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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)
Mailing Address	_	Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 6327		The Centre of	
Tallahassee, FL 32314		2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BENJUL INVESTMENT HOLDINGS, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 02/06/2004 Florida document number L04000010433	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab	obreviation "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 on our records, <u>enter the nan agent and/or the new registered office address here</u> :	See of the new regist
Name of New Registered Agent:	<i>2</i> 22 ∞
New Registered Office Address:	
Enter Florida street address	
, Florida, 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 ag provisions of all statutes relative to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, being filed to merely reflect a change in the registered office address, I hereby confirm that the li	familiar with and , 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
AMBR	Jabs Family Investments, LLC	156 Gulfstrean Drive, Tequesta, FL 33469	🗏 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
		□ Add	
			□Remove
			□Change
			ClAdd
		□Remove	
		□ Change	
		□Remove	
		□Add	
		□Remove	

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef <u>Note:</u>	tive date, if other than the date of filing:
If the recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	October 26 2022
Dated	
	Signature of a member or authorized representative of a member
	Amir Lubarsky
	Typed or printed name of signee

Filing Fee: \$25.00