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S. HAWKES

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**EXAMINER** 

## **COVER LETTER**

TO:	Registration Sect Division of Corpo								
SURIE	SUBJECT: Law Offices Of Emanuel S. Benjamin, PL								
	· ·		ted Liability Company						
The end	closed Articles of A	mendment and fee(s) are sub	omitted for filing.						
Please i	eturn all correspond	lence concerning this matter	to the following:						
		Emanuel Benjamin, Esq.							
Name of Person									
Benjamin Law Group, PL									
	Firm/Company								
	2851 NE 183rd Street, Suite 603								
Address									
	Aventura, FL 33160								
	City/State and Zip Code								
		esbenjamin@gmail.com  E-mail address: (to be used for future annual report notification)							
For furt	her information con	cerning this matter, please c	_	<i>,</i>					
	Emanu	uel Benjamin	at (_305 )	677-9904					
Name of Person				time Telephone Number	<del> </del>				
Enclose	d is a check for the	following amount:							
<b>₹</b> 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certified	te of Status &				

**MAILING ADDRESS:** 

TO:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Law Offices	Of Eman	uel S. Benjar	min, PL	
(Name of the Limited Lia (A Flo	bility Comparida Limited L	ny as it now appea liability Company)	rs on our records.	
The Articles of Organization for this Limited Liabil	lity Company	were filed on	July 22, 2004	and assigned
Florida document number L040005456	<u>2</u> .			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liab	ility company her	<u>'e</u> :	
Ber	njamin Law	Group, PL		
The new name must be distinguishable and end with th "L.L.C."	e words "Limi	ted Liability Compa	uny," the designation	or the abbreviation
Enter new principal offices address, if applicable	e <b>:</b>	2851 NE 183	rd Street	
(Principal office address MUST BE A STREET A	DDRESS)	Suite 603		2 7 TT
		Aventura, FL	33160	= 0
				5 5
Enter new mailing address, if applicable:	2851 NE 183	rd Street		
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>	Suite 603		
	Aventura, FL	33160		
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:	address here	e: 3rd Street, Suit		
	Aventura Florida		, Florida	33160
<del>-</del>		City	, FIOFIGA _	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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title Name **Address** Type of Action ☐ Add Remove Remove ¬ ☐ Add ☐ Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 1) Benjamin Law Group, PL's business purpose is the practice of law. 2) The new address for the present Manager's (MGR's) of the Registered Agent is 2851 NE 183rd Street, Suite 603, Aventura, FL 33160. Dated \_\_\_\_ June 9 2009 Emanuel Benjamin, Manager Typed or printed name of signee

Page 2 of 2

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