L06000088366

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COVER LETTER

The Ben La SUBJECT:	aw Firm, PLLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lawrence S. Ben		
	·····	Name of Person	
	The Ben Law Firm, PLLC		
		Firn\/Company	
	2699 Stirling Road, Suite	C-301	
		Address	
	Fort Lauderdale, FL 3302	I	
	Larry@The Ben Law Firm	City/State and Zip Code	nv
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Lawrence S. Ben		954 961-2055	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 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:

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

Registration Section Division of Corporations

TO:

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

THE BEN LAW FIRM, PLLC

FIRM, PLLC

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

(A Florida Limited Liability Company)

(A Flo	orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L06000088366	y Company were filed on 09/07/2006	and assigned
Florida document number	·	
This amendment is submitted to amend the following	<u>g</u>	
A. If amending name, enter the new name of the	limited liability company here:	
ach .		
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>enter th</u> r <u>e</u> :	ne name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Flor	ida
	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.

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	Lawrence S. Ben	2699 Stirling Rd., Ste. C-301	□Add
		Fort Lauderdale, FL 33312	□Remove
			■ Change
AMBR	Rose C. Ben	2699 Stirling Rd., Ste. C-301	
		Fort Lauderdale, FL 33312	□Remove
			≘ Change
AMBR	Andrew S. Ben	2699 Stirling Rd., Ste. C-301	□Add
		Fort Lauderdale, FL 33312	□Remove
			DAdd
			Remove
			□Change
			□Add
			□Remove
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			□Remove

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ctive date, if other than (effective date is listed, the date e: If the date inserted in this	must be specific and cannot	be prior to date of filin	g or more than 90 days	optional) after filing.) Pursuant to 60)5.020
iment's effective date on the	Department of State's r	records.	ining requirements	, mis date will not be its	neu i
ord specifies a delayed effec	ctive date, but not an effe	ective time, at 12:01	a.m. on the earlier o	f: (b) The 90th day aft	er th
filed.					
10/04/2023	2023	3			
					
dar	/ /				

Typed or printed name of signce