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(Re	equestor's Name))
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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

AUG - 4 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co		·				
SUBJECT:	Benchmark	Contractors, LLC				
JOHN 1.		ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Gail E. Stewart Name of Person				
	Pon	chmark Contractors IIC				
•	Benchmark Contractors, LLC Firm/Company					
	3	161 sw Lake Terrace				
		Address				
		Palm City, FL 34990				
	Be	City/State and Zip Code				
	E-mail address: (to be used for future annual report n	otification)			
For further information	concerning this matter, please o	call:				
	eth Bourgeois	at (772) Area Code & Day	237-6426			
Name	of Person	Area Code & Day	ume l'elephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Slatus & Sed) Certified Copy (additional copy is enclosed)			
Regis Divisi P.O. F	LING ADDRESS: tration Section on of Corporations Box 6327	Registration Sec Division of Cor Clifton Building	porations g			
Regis Divisi P.O. I	tration Section on of Corporations	Registration Sec Division of Cor	ction porations B			

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ' ' ARTICLES OF ORGANIZATION OF

	Benchmark Co	ontractors, LLC	,		
(Nar	ne of the Limited Liability Comp. (A Florida Limited	any as it now appears Liability Company)	on our records.	•	
The Articles of Organization for	or this Limited Liability Company	y were filed on	10/23/2008	and assigned	
Florida document number	L08000099610				
This amendment is submitted t	o amend the following:				
A. If amending name, enter	the new name of the limited lia	bility company here	**		
The new name must be distinguis "L.L.C."	shable and end with the words "Lin	nited Liability Compar	y," the designation "L	LC" or the abbreviation	on
Enter new principal offices a	ddress, if applicable:				_
(Principal office address MUST BE A STREET ADDRI		***			DIVISION
				AUG	SE SE
Enter new mailing address, i	f applicable:			ယ်	FAX CC
(Mailing address MAY BE A POST OFFICE BOX)				5. P. E.	POS'
				<u>5</u> :	Ã
				9	SK.
	red agent and/or registered o ew registered office address he		ur records, <u>enter t</u>	he name of the ne	<u>:w</u>
Name of New Regist	ered Agent:				
New Registered Office	e Address:				
		Enter Florida street address			
		City	, Florida	7: Co.d.	
		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 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 **Type of Action Title** <u>Name</u> <u>Address</u> MGRM Heidi Hamalainen-Stewart ☐ Add 911 SE West Virginia Drive Port St Lucie, FL 34983 **∇** Remove ☐ Add Remove □ Add Remove ∏Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Gail E. Stewart Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00