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(Reque	stor's Name)	
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PICK-UP	WAIT	MAIL
(Busine	ess Entity Name	e)
(Docum	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filir	ng Officer:	

Office Use Only



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SECRETARY OF STATE

APPROVED AND FILED



## **COVER LETTER**

SUBJECT:	Ben Roberts	s LLC			
Name of Limited 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:		
		Paige Roberts			
			Name of Person		
Firm/Company  9201 SE 7th Avenue  Address Ocala, FL 34480					
		9201 Sr. /th Avenue	Address		
		Ocala, FL 34480			
		partyof9infl@gmail.com	City/State and Zip Code		
			to be used for future annual report notif	ication)	
For further in	formation c	oncerning this matter, please ca	all:		
Paige Robert	s		352 624-9209 at ( )		
	Name o	f Person		Telephone Number	
Enclosed is a	check for th	e following amount:			
\$25.00 Fi	iling 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:

TO:

Registration Section Division of Corporations

> 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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L09000001219	were filed on 1/05/2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9201 SE 7th Avenue	
Principal office address MUST BE A STREET ADDRESS)	Ocala, FL 34480	
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	9201 SE 7th Avenue Ocala, FL 34480	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the
egistered agent and/or the new registered ornice address her	<u>c</u> ,	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		( <b>4</b> .
<del></del>	, Flori ,	da 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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Leslie Houston	205 Chalfont Land	
		G. 1 1	
		Columbia, SC 29229	<b>5</b> .0
			■ Remove
MGR	Benjamin Roberts	9201 SE 7th Avenue	•
			■ Add
		Ocala, FL 34480	_
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	12/10/2018				
Effective date, if other than the If an effective date is listed, the date mus	t be specific and cannot be prior t	to date of filing or more tha			
<u>Note:</u> If the date inserted in this blo document's effective date on the De		ible statutory filing requ	urements, this date will no	t be listed :	as
ne record specifies a delayed The 90th day after the reco		t an effective time,	at 12:01 a.m. on the	e earlier	of
December 10 Dated	2018	_			
Para	Release. Signature of a member or autho	<del></del> -			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00