

20900000 20574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

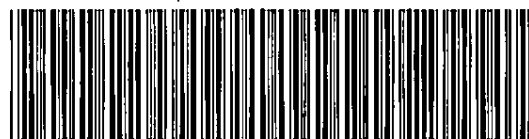
(Document Number)

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Special Instructions to Filing Officer:

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2018 NOV 28 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FL

NOV 29 2018

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2018

SIRIPORN TANASETH
PROSCRIPT MEDIA AND ADVERTISING
2999 NE 191ST STREET., SUITE 808
AVENTURA, FL 33180

SUBJECT: PROSCRIPT MEDIA AND ADVERTISING SERVICES, LLC
Ref. Number: L09000020574

We have received your document for PROSCRIPT MEDIA AND ADVERTISING SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Missing page 2 of the Amendment Form

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 718A00023027

2018 NOV 20 PM 12:31

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Proscript Media And Advertising Services, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tanaseth, Palange

Name of Person

Proscript Media And Advertising Services, LLC

Firm/Company

2999 NE 191st Street, Suite 808

Address

Aventura, FL 33180

City/State and Zip Code

Processing@bankrover.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tanaseth, Palange

305 842-4805
at ()

Name of Person

Area Code

Daytime Telephone 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 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

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**

Proscript Media And Advertising Services, LLC

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

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TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on March 2nd 2009 and assigned
Florida document number LO9000020574

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Benzo Funding, LLC

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 ADDRESS)

2999 NE 191st Street

Suite 808

Aventura, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2999 NE 191st Street

Suite 808

Aventura, FL 33180

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Registered Agents Inc.

New Registered Office Address:

3030 N. Rocky Point Dr., Suite 150A

Enter Florida street address

Tampa

City

Florida 33607

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Tanaseth, Palange	2999 NE 191 St, Suite 808	<input checked="" type="checkbox"/> Add
		Aventura, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tanaseth, Palange	18851 NE 29th Ave, Suite 700	<input type="checkbox"/> Add
		Aventura, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 23, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED
2018 NOV 28 PM 3:11
CLERK OF DISTRICT COURT
TALLAHASSEE, FL