## L090000 20574

(Requestor's Name)
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65/03/24

## **COVER LETTER**

Division of Co	rporations			
	UNDING, LLC			
Name of Limited Liability Company				
The analogad Articles of	Amendment and fee(s) are sub	emitted for filing		
		-		
Please return all corresp	ondence concerning this matter	to the following:		
	Alan Palange			
		Name of Person		
	Benzo Funding, LLC			
	-	Firm/Company	<del></del>	
	20200 W. Dixie Hwy STE	902		
		Address		
	Aventura, FL 33180			
	····	City/State and Zip Code		
	legal@aaoalaw.com			
		to be used for future annual report notifi	ication)	
For further information of	concerning this matter, please e	all:		
Alan Gaines		305 239-8865		
Name o	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration		Street Address: Registration Sec	******	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section

TO:

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BENZO FUNDING, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on March 2nd 2009	and assigned
lorida document number L09000020574		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
BENZO TRAVEL, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
• • •	+	* - *
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	-	<u> </u>
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		- n
. If amending the registered agent and/or registered office a	iddrass an our racords, antar th	sa nama af tha naw yogist
gent and/or the new registered office address here:	idaress on our records, enter th	ie name of the new regist
Name of New Registered Agent:		
Name of New Registered Agent.	· · · · · · · · · · · · · · · · · · ·	<del></del>
New Registered Office Address:		
1	Enter Florida street address	
	, Flori	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 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
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			□Remove
			Change
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		<del></del>
Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date	e of filing or more than 90 days after filing.) Pu	rsuant to 605.0207
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date wil	l not be listed as
of the Department of State 3 records.		
e record specifies a delayed effective date, but not an effective time, and is filed.	it 12:01 a.m. on the earlier of: (b) The 90	Oth day after the
Dated August 30 2024		
mal		
	representative of a member	

Filing Fee: \$25.00

Typed or printed name of signee