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SECRETARY OF STATE DIVISION OF CORPORATIONS

09 OCT 15 AN II: La

T. HAMPTON
OCT 1 6 2009
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: BEN Capital Management LLC Name of Limited Liability Company
The enc	losed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Brian Walker Name of Person
	Firm/Company 5722 South Flaming Road Suite Address Fort Lauder dale FL 33330 City/State and Zip Code B 45 WALK B AEL LOM E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
B	Name of Person at 454, 437, 8977 Area Code & Daytime Telephone Number
Enclose	d is a check for the following amount:
\$25.	00 Filing Fee \$\ \tag{\$\text{S}}\ \$30.00 Filing Fee &

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

Ren (Apita) (Name of the Limited Liability Cor	Mana a hpany as it now appeared Liability Company)	men+11	<u>C</u> _	
The Articles of Organization for this Limited Liability Comp Florida document number <u>40900076</u>		ug 7,200°	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited Capital Mana The new name must be distinguishable and end with the words "I" L.L.C."	aenen.	7 LLC	C" or the abbrevia	 tion
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDRESS .	<u> </u>		SECHE 09 OCT	-
Enter new mailing address, if applicable:			- 15 SE	
(Mailing address MAY BE A POST OFFICE BOX)			AM III	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter the	e name of the	' <u>1ew</u>
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		_
New Registered Office Address:	r.	nton Florida street adduc	200	_
	Enter Florida street address			
477,44444.07,44444	City	, Florida	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	Manager = Managing Member		
Title MG	Name Brian Walker	Address 5722 South Flaming	Type of Action LECIOL Add Remove
MGRI	m Nadir Settles	5722 South Flamingo For Flauderdale Fl	-33330 2001 Add
			Add Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
D. If am	ending any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	
		· · · · · · · · · · · · · · · · · · ·	SEGRETARY VISION OF CO 09 OCT 15
Dated	10/12/2009 ,	. 1	POF STATE DRPORATION
	Signature of a memb	ber or authorized representative of a member	
	Typ	ed or printed hame of signee	

Page 2 of 2

Filing Fee: \$25.00