L10000043302

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B. KOHR SEP - 7 2010

SEP - 7 2010 EXAMINER



COVER LETTER

SUBJECT:	BEN S	TANLEY LLC	<u> </u>
SUBJECT:		ited Liability Company	355
The enclosed Articles of	of Amendment and fee(s) are sub-	omitted for filing.	10 SER 13 T
Please return all corresp	oondence concerning this matter	to the following:	
		MICHAEL HARRIS	
		Name of Person	
		BEN STANLEY LLC	
		Firm/Company	
	10795 N\	W 53RD STREET, SUITE 201	
	•	Address	
		SUNRISE, FL 33351	
		City/State and Zip Code	
	MICHAEL@ E-mail address: (SHEERBLISSICECREAM.COM to be used for future annual report notification)	
For further information	concerning this matter, please of	eall:	
	CHAEL HARRIS	at (_954_) 579 2122	
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	S55.00 Filing Fee & Scriffied Copy (additional copy is enclosed) Certified Copy (additional copy is	
MAILING ADDRESS: Registration Section		STREET/COURIER ADDRESS: Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BEN STANLEY LLC

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

The Articles of Organization for this Limited Liabil	ity Company were filed on _	APRIL 22ND 2010	_ and assigned	
Florida document numberL1000004330	2 .			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company l	<u>nere</u> :		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Cor	npany," the designation "LLC	C" or the abbreviation	
Enter new principal offices address, if applicable	::			
(Principal office address MUST BE A STREET A	DDRESS)		 ·	
				
Enter new mailing address, if applicable:		-		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	·			
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>enter the</u>	name of the new	
Name of New Registered Agent:	<u></u>			
New Registered Office Address:				
	Enter Florida street address			
_		, Florida		
	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:

i

MGR = Manager

MGRM = Managing Member **Address Type of Action Title** <u>Name</u> MGR LESLEY B. CASPER 10795 NW 53RD STREET ✓ Add Remove **SUITE 201** SUNRISE, FL 33351 ☐ Add Remove Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **AUGUST 12** 2010 Dated ____ a member or authorized representative of a member Signature of GARY A. BARRON

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee