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SECRETARY OF STATE
TAULAHASSEE, FLORIDA

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T. CLINE

NOV - 2 2011

EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Hiv Ben (CStows 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:	
Benjamin Amitaux Name of Person	
thir Ben woons LLC Firm/Company	
2177 Andrew Lane Address	
Ford uyers, FL 33917 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Benjamin Armitage at (407) 770 5413  Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	Parking and I

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

this Ben co	stoms LLC		
( <u>Name of the Limited Lis</u> (A Flo	ability Company as it now appears on our prida Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liabi Florida document number <u>L   0000 1078</u>	lity Company were filed on 10/15		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the d	lesignation "LLC" or the abbreviation	
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	(IDDRESS)		
Enter new mailing address, if applicable:		201 SE	
(Mailing address MAY BE A POST OFFICE BO.	X)	*** ***	
		F. A.	
		ri-Y Cro	
B. If amending the registered agent and/or registered agent and/or the new registered office		rds, enter the name of the new	
registered agent and/or the new registered office	e audress nere:		
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	Enter Floria	la street address	
-	City	Florida Zip Code	
	2.0	-p	

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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGPM	Benjamin Armitage	asta Randstone Circle For myers FL 33967	Add Remove
MGIZ	M Power Technologies	19260 La Sevence Dr. Fort suyers FC 33967	Add Remove
MGD_	Kuis Gomeell	41121 SE 18th AVE.	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.	III NOV - I
			E COHIDA
Dated			
-	Benjamin	or authorized representative of a member  Avmituage or printed name obsignee	<del></del>

Page 2 of 2

Filing Fee: \$25.00