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(Requestor's Name)	
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. (City/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
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SECRETARY OF STATE DIVISION OF CORPORATIONS

B. KOHR JAN 1 9 2011

EXAMINER

COVER LETTER

TO: Registration of	n Section Corporations					
SUBJECT:	Sof Amendment and fee(s) are submitted for filing.					
The enclosed Article	s of Amendment and fee(s) are submitted for filing.					
Please return all corr	espondence concerning this matter to the following:					
	Benoot Geert					
	Name of Person					
	BENOOT GEERT LLC Firm/Company					
	Firm/Company					
2005 North Pointe Alexis Drive						
	Address					
Tarpon Springs, FL, 34689						
	City/State and Zip Code					
	geertbenoot@yahoo.com E-mail address: (to be used for future annual report notification)					
For further informati	on concerning this matter, please call:					
Na	Benoot Geert at (727) 686-0637 me of Person Area Code & Daytime Telephone Number					
14a	Area Code & Daytime Telephone Number					
Enclosed is a check t	or the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					

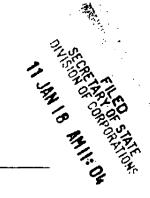
MAILING ADDRESS:

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



	BENOOT, G	EERT LLC		
(Name of the Limite	d Liability Compa A Florida Limited L	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Florida document numberL1000012	Liability Company			and assigned
Torida document riamocr	•			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company he	re:	
	GEERT BEN	OOT LLC		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		N/A		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STRE	ET ADDRESS)			
		· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE	E BOX)	<u> </u>		
B. If amending the registered agent and	/or registered of	fice address on o	our records, enter t	he name of the new
registered agent and/or the new registered of			,	
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		En	ter Florida street add	ress
			, Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 · MCRM = Managing Member <u>Title</u> **Name Address Type of Action** ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member 1384007 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00