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COVER LETTER

	egistration Sectivision of Corp			
	Benchmark I	nternational Company Sales Sp	ecialist, LLC	
SUBJECT	`:	Name of Limite	d Liability Company	·
The enclos	sed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please retu	ırn all correspon	dence concerning this matter to	the following:	
		Clinton Johnston		
			Name of Person	
		Benchmark International Co	ompany Sales Specialist, LLC	
			Firm/Company	
		4488 West Boy Scout Blvd,	Suite 400	
			Address	
		Tampa, FL 33607		
			City/State and Zip Code	
		LegalDept@BenchmarkCorp		_
		E-mail address: (to	o he used for future annual report notific	cation)
For furthe	er information co	oncerning this matter, please ca	II:	
Clinton J	Johnston		at () 898-2350 Area Code Daytime	
	Name o	l Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	ne following amount:		
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & · Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & 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

Benchmark International Company Sales Specialist, LLC (Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{02}{1}$ Florida document number $\frac{112000028818}{1}$	29/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	ere:	
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		[: 9 _ -
Principal office address MUST BE A STREET ADDRESS)		V V
Principal office dadress most be HSTREET TO THE		: O1
		P (1)
Enter new mailing address, if applicable:	<u>.</u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here: Name of New Registered Agent:	n our records, <u>enter</u>	the name of the
New Registered Office Address: Enter Flo	orida street address	
	, Florida	
Cuy		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
Garte	Cogley, Emily	4488 West Boy Scout Blvd	
		Suite 400	Remove
		Tampa, FL 33607	☐ Change
MGR	Garten, Yang	4488 West Boy Scout Blvd	B Add
		Suite 400	
		Tampa, FL 33607	Remove
			Change
			Add Add Remove
			- V
			Change
			Add Add Remove
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			Remove
			☐ Change
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			Remove
			Change

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Iffective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of	(optional)	nt to 605 02
f an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	tory filing requirements, this date will not	be listed
ne record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	ective time, at 12:01 a.m. on the	earlier
Dated October 29 2019		
731CO 1		

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Typed or printed name of signee

Filing Fee: \$25.00