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•		
(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	TIAW []	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of Status	
Special Instructions to	Filing Officer:	
	,	
	A. LUI	VT
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COVER LETTER

10:	Division of Cor					
SUBJE	СТ:	BENS	QUARE,LLC			
		Name of Limi	ted Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please 1	return all correspo	ondence concerning this matter	to the following:			
			Name of Person		R a T	
			BENSQUARE,LLC		LED RESERVED	
			Firm/Company		THE REPORT	
		7012 SAN SEBASTIAN CIRCLE				
	Address					
		BOCA	RATON FLORIDA 33	3433	_	
			City/State and Zip Code		_	
		ALAN E-mail address: (NBELOLO@GMAIL.Co to be used for future annual repo	OM ort notification)		
For fur	ther information of	concerning this matter, please of	call:			
		ALEL BELOLO	at (_561_)	271-4865		
	Name (of Person	Area Code &	Daytime Telephone Numb	er	
Enclose	ed is a check for t	the following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed) Certific	iling Fee, cate of Status & ed Copy onal copy is enclosed)	
·	Regist Divisi	LING ADDRESS: tration Section on of Corporations Box 6327	Registration	Corporations		

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ARE,LLC	. <u> </u>	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appea Liability Company)	rs on our records.)	
(*** To Figure 23 miles	Zidomicy Company)		
The Articles of Organization for this Limited Liability Compan	y were filed on	MAY 10 2012	and assigned
Florida document numberL12000063366			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company her	<u>re</u> :	
The new name must be distinguishable and end with the words "Lin	nited Liability Compa	any," the designation "L	LC" or the abbreviation
"L.L.C."		<u> </u>	2
Enter new principal offices address, if applicable:		CAR.	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	-	AS	7
		A Y	di T
		FF ST	3 11
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		35-	
			N.
B. If amending the registered agent and/or registered of		our records, <u>enter tl</u>	ne name of the new
registered agent and/or the new registered office address he	<u>re</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Er	iter Florida street addi	ess
		. 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 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 Address **Type of Action** Title <u>Name</u> MGRM! YANN M. BENHAMOU 7012 SAN SEBASTIAN CIRCLE ✓ Add BOCA RATON FL-33433 Remove ☐ Add Remove ☐ Add __ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **JULY 19** 2012 Dated Signature of a member or authorized representative of a member BESALEL BELOLO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00