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COVER LETTER

TO:	Registration Sect Division of Corpo			
SHRII	ECT:	BE	NINI, LLC	
30130	<u></u>	 	ted Liability Company	
The en	nclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		M	ichael J. Barber, Esq.	
		M	ichael J. Barber, P.A. Firm/Company	
		·	P. O. Box 421928	
•		Kiss	simmee, Fl. 34742-1928	<u> </u>
		jc.i E-mail address: (1	City/State and Zip Code nteriors@hotmail.com o be used for future annual report	notification)
For fu	rther information cor	ncerning this matter, please c	all:	
	Micha Name of I	ael J. Barber Person	at (407) Area Code & Da	933-8212 Lytime Telephone Number
Enclos	sed is a check for the	following amount:		
▼ \$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	s60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registrat Division P.O. Box	NG ADDRESS: ion Section of Corporations : 6327 see, FL 32314	Registration S Division of Co Clifton Buildi	orporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BENINI, 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 Liability Company were filed onAugust 3, 2012 and ass	igned
Florida document numberL12000100319	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
BENINI PROPERTIES, LLC	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the a "L.L.C."	ıbbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u>_</u>
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered office address on our records, enter the name or registered agent and/or the new registered office address here:	f the new
Name of Navy Registered A contr	
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	g -n
Enter riorida sireei dadress	-7
City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	ည ၁၁

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	<u>Name</u>	<u>Address</u>	Type of Ac
_			Add
			Remove
_		<u> </u>	
		 	
			Pamaua
			Remove
_			□ D amous
			Remove
meno	ling any other information, enter	change(s) here: (Attach additional sheets	s, if necessary.)
	·····		
			
_			
	August 4	2012	
	Michael. Ko	2012 her nember or authorized representative of a mem	nber

Page 2 of 2

Filing Fee: \$25.00