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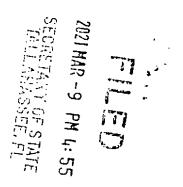
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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations					
Benbow Ct	. LLC					
SUBJECT:	Name of Lim	ited Liability Company				
ren Landa C	A	icensi Co. 671in				
	Amendment and fee(s) are sub					
Please return all correspo	ndence concerning this matter	to the following:				
	Derek Beck			ψņ	70	
		Name of Person			21 H	
					2021 HAR -9 PH 4: 55	
		Firm/Company			9	,
	5520 Division Drive			25.5 25.5 37.5	¥ -	
		Address		三三	ر در	
	Ft. Myers, FL 33905			ויו	O,	
		City/State and Zip Code		-		
	beckderek l@gmail.com E-mail address: (	to be used for future annual report noti	fication)			
For further information c	oncerning this matter, please c	all:				
Derek Beck		863 6731192				
Name o	f Person	at () Area Code Daytim	e Telephone Number	· · · · · · · · · · · · · · · · · · ·		
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Statu		
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Second Division of Core The Centre of T	porations			
Tallahassee,		2415 N. Monro	e Street, Suite 8	10		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Benbow Ct. LLC						
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>is.</u> )				
The Articles of Organization for this Limited Liability Company	were filed on 10/31/2012	and assigned				
Florida document number L12000138507						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:	c 2				
Beck Rentals LLC		750 <b>221</b>				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	or the abbreviation L.L.C."				
Enter new principal offices address, if applicable:	170 E Oklahoma Ave	1 700				
(Principal office address MUST BE A STREET ADDRESS)	LaBelle, FL 33935					
		<u> </u>				
Enter new mailing address, if applicable:	5520 Division Drive	55   FL				
(Mailing address MAY BE A POST OFFICE BOX)	Fort Myers, FL 33905					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registere				
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
		orida				
	Ciņ	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
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			□Remove
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Affective date, if other than that fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specifi- block does t	c and can not meet	the applic	able state				filing.) Pur			
record specifies a delayed effect d is filed.	tive date, bu	t not an	effective t	ime, at 12	2:01 a.m.	on the ea	lier of: (b	) The 90	th day	after tl	he
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March 4 Pated											
Dated March 4	Signatures	012 7	ber or sur	BL	resentative	of a more	oer .			_	

Filing Fee: \$25.00