(Requ	estor's Name)	-
(Addre	ess)	
•	ŕ	
(Addre	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
	_	
(Busir	ness Entity Nar	ne)
(Docu	ment Number)	
Certified Copies	Certificates	e of Statue
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	
	•	
1		

Office Use Only



600381149676

02/21/22--01006--007 **30.00

D. BRUCE MAR 0 1 2027.

COVER LETTER

Div	ision of Corp	oorations				
SUBJECT:	BENEITO I	LC				
SUBJECT.	+ +	Name of Limited Liability Company				
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		MARCELA ANDREA BE	ENEITO			
			Name of Person			
		BENEITO LLC				
Firm/Company						
11407 NORTH BAYSHORE DRIVE						
			Address			
NORTH MIAMI FL 33181						
			City/State and Zip Code			
		E-mail address: (to be used for future annual report notificati	on)	2022 I	
For further is	nformation co	oncerning this matter, please c	all:		FEB 2	
SANTIAGO	CUARTER	OLA DURAND	954 740-9789 at ()	in: 35.	:	-
	Name of	Person		ephone Number		1
Enclosed is a	check for the	e following amount:		(:	0.9	
□ \$25.00 F	Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &	
<u>Ma</u>	iling Address	<u>u</u>	Street Address:			

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BENEITO LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records,) liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>07/18/2013</u>	and assigned
Florida document number L13000102522		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		DZZFE SEGNALIA
		- N :
Enter new mailing address, if applicable:		- 17
Mailing address MAY BE A POST OFFICE BOX)		The same of the sa
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 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
MGR	SANTIAGO CUARTEROLA DURAN		■Add
		N MIAMI, FL 33181	□Remove
			□Change
			□Add
			□ Remove
			①Add
			□ Remove
			SECULE TALLA
<u></u>			Add A
			Remove Company
		·	□Add
			□Remove
			□Add
			□Remove
			□ Change

					
					
		<u></u>			
				·-	
			<u>.</u>	•	
	· · · ·				
		<u> </u>			
					~
				7,0	2022
	· -		•		833
			 -	- 1	<u>2</u>
				::-	<u> </u>
				17 	<u>ن</u>
				L-1	9
ffective date, if other than the date of filing:			(optional)		
an effective date is listed, the date must be specific and cannot be plote: If the date inserted in this block does not meet the approximent's effective date on the Department of State's reco	plicable statu				
-					
record specifies a delayed effective date, but not an effective list filed.	ve time, at 12	:01 a.m. on the ear	lier of: (b) Th	e 90th day a	ifter the
Pated February 15 2022	 .				
Maxillety					
	Lasinad saas	esentative of a mem	net		-
Signature of a member or a	aumorized repr	esemanye or a mem			

Filing Fee: \$25.00