Division of Corporations : Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

Fram:

Acubant Name : GFB TAX SERVICE LLC

Account Number : 120120000041

Phone : (754) 246-6160

Fax Number : (954) 510-2012

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: gastonbelen@gfbtaxservice.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BENFH LLC

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Tallabassee, FL 32314

Page: 3

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## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJI	ECT:	BE	NFH LLC		
, ,	***************************************	Name of Lim	ited Liability Company		
•					
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filling.		
Please	return all corresp	ondence concerning this matter	to the following:		
			GASTON BELEN		
			Name of Person		
GFB TA			B TAX SERVICE L	LC	
			Firm-Company		
		521	0 SW 201st TERRA	ACE	
Address					
		SOUTH	NEST DANCHES E	:) 33333	差别 浸
	SOUTHWEST RANCHES, FL 33332 City/State and Zip Code			AM C	
		GASTONBE	LEN@GFBTAXSEF	RVICE.COM	ASSE ASSE
For tue	ther information	concerning this matter, please o			
		·			ALIONIO SELORIO SELORIO
		STON BELEN of Person	at ( 754 )	246-6160 & Daytime Telephone Number	4080 11410 40 10
	Value	or record	itts Can	te mythic respinant visites	
Enclos	ed is a check for	the following amount.			
S25.00 Viling Fee S30.00 Filing Fee & Certificate of Status		S55.00 Filing Fee & S60.00 Filin  Certified Copy Certificate (additional copy is enclosed) Certified C tadditional		of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		Registrati	COURIER ADDRESS: on Section of Corporations uilding		

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, U 3230)

H130001/3755 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BEN	NFH LLC			
( <u>Na</u>	me of the Limited Liability Co (A Florida Limi	mpany as it now appears ted Liability Company)	on our records.)	- egginngsjage jige	
The Articles of Organization 1	For this Limited Liability Com	pany were filed on	07/23/2013	and assigned	
Florida document number	L13000104044				
This amendment is submitted	to amend the following:				
A. If amending name, enter	the new name of the limited	liability company here	;		
The new name must be distingu	shable and end with the words "	Limited Liability Compar	y," the designation "LI	LC" or the abbreviation	
Enter new principal offices a	address, if applicable:			<u> 24 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	
(Principal office address MU	ST BE A STREET ADDRES.				
				<u> 30</u> .171	
Enter new mailing address,	if applicable:			Mon.	
(Mailing address MAY BE A	POST OFFICE BOX)			TORK S	
				***	
	ered agent and/or registered new registered office address		ir records, enter th	te name of the new	
Name of New Regist	tered Agent:	- HAMA IN			
New Registered Offi	ce Address:	Ente	v Florida street addr	Car -	
	. Plorida				
		City	г югиа	Zip Code	
New Registered Agent's Signa	ture, if changing Registered Ag	ent:			

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to camply 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

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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 MGRM = Managing Member

THE	Name	Address	Type of Action
MGR	BELEN, GASTON F	6303 BLUE LAGOON DR STE 400 MIAMI, EL 33126	Add Remove
MGR	Cecilia R. Herrera	6303 BLUE LAGOON DR STE 400 MIAMI, FL 33126	Add Remove
and the second			Add Remove
·			
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: tAttach additional sheets, if necessary.)	100 CT 1
******			or expense
Dated		DII3 .	
	•	r or authorized representative of a member	No. 4.44 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -
	G Typed	Or printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00