L13000136178

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DIVISION OF CORPORATION

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COVER LETTER

Division of Corp	orations		
JAMES H	. BENSON II LLC		
SOBJECT:	Name of Limited Liability Compa	ny	
The enclosed Articles of A	mendment and fcc(s) are submitted for filing.		4
Please return all correspon	dence concerning this matter to the following:		
	Sherri K. DeWitt		
	Name of Pers	on	
	DeWitt Law Firm, PA		
	Firm/Compa	ny	
	37 N Orange Ave., Suite 840		
	Address		
	Orlando, Florida 32801		
	City/State and Zip	Code	
	jhbenson76@gmail.com		
	E-mail address: (to be used for future	annual report notification)	
For further information co	ncerning this matter, please call:		
Timothy S. Peters	321 at (439-6352	
Name of	Person Area Coc	de Daytime Telephone	Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Certificate of Status Certified Co (additional co)	opy Ce py is enclosed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed)

TO:

Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301



November 25, 2014

SHERRI K DEWITT DEWITT LAW FIRM, PA 37 N ORANGE AVE, SUITE 840 ORLANDO, FL 32801

SUBJECT: JAMES H BENSON II LLC

Ref. Number: L13000136178

We have received your document for JAMES H BENSON II LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 314A00025067

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_		enson II LLC			
(Name of the Limited	Linbility Comps Florida Limited	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Lial	bility Company	were filed on 09/26/2013	ar	ıd assigi	ned
Florida document number L13000136178	·				
This amendment is submitted to amend the follow	ving:		. ·	•	
A. If amending name, enter the new name of t	he limited liab	ility company here:			
N/A					
The new name must be distinguishable and end with the we	ords "Limited List	oility Company," the designation "LLC" or	r the abbrevia	tion "L.I.	C."
Enter new principal offices address, if applical	ole:	649 Glenview Dr.		11	DIV.
(Principal office address MUST BE A STREET ADDRESS)		Winter Garden, Florida 347	787	Ş	Sior
					유로
Enter new mailing address, if applicable:		649 Glenview Dr., Winter G	arden) PM	COMPOS SY OF S
(Mailing address MAY BE A POST OFFICE BOX)		Winter Garden, Florida 347	787	. S	A.A.
			-	ဆ	70
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		e:	iter the n	ame of	the nev
Name Resistant Office Address: 649 Glenview Dr.					
New Registered Office Address:		Enter Florida street address			
	Winter Gard	den , Florid	a <u>34787</u>		
		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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Timothy S. Peters	649 Glenview Dr.	A dd
		Winter Garden, Florida 34787	□ Remove
		·	
			
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			□ Remove

. If amending any other inform	nation, enter change(s) here: (Attach addition	nal sheets, if necessary.)
		<u> </u>
		:
Effective date, if other than to (The effective date must be specific, or the date this document is filed by the	annot he prior to date of receipt or filed date and cannot he	optional) more than 90 days after
Dated November 26	2014	• • •
	Signature of a member or authorized representative	of a member
	James H. Benson II	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00