

Division of Corporations

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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : VARGAS, PIEDRA & CO.
Account Number : I20070000148
Phone : (305) 671-0003
Fax Number : (305) 671-6263

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

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BENINVEST ISLES, LLC

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JUL - 3 2014

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Corporate Filing Menu

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BENINVEST ISLES, 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 on DECEMBER 12, 2013 and assigned Florida document number L13000171792.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9100 SOUTH DADELAND BLVD

STE 912

MIAMI, FL 33156

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9100 SOUTH DADELAND BLVD

STE 912

MIAMI, FL 33156

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

PIEDRA & CO CPA P A

New Registered Office Address:

9100 S DADELAND BLVD STE 912

Enter Florida street address

MIAMI

City

Florida 33156

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>BENDAHAN, SACHA</u>	<u>301 W. HALLANDALE BCH. BLVD.</u>	<input type="checkbox"/> Add
		<u>HALLANDALE BEACH, FL 33009</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>BENDAHAN, SACHA</u>	<u>9100 S DADELAND BLVD</u>	<input checked="" type="checkbox"/> Add
		<u>STE 912</u>	<input type="checkbox"/> Remove
		<u>MIAMI, FL 33156</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JULY 1, 2014

X Sacha Bendahan

Signature of a member or authorized representative of a member

SACHA BENDAHAN/MGR

Typed or printed name of signer

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2014 JUL -2 AM 9:17
FLORIDA DEPARTMENT OF STATE
PALM BEACH COUNTY