L13000173075

(Re	questor's Name)	
bA)	dress)	
· (Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

JAN 2 9 2013 T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

Michael G Benton LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael G. Benton

Name of Person

Charles Rutenberg Realty/Realty Fire Group

Firm/Company

6301 NW 5th Way Suite 4500

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

mikegbenton@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ellen Velez

954, 780-8944

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Michael G Benton 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 Florida document number <u>L13000173075</u>	y Company were filed on 12/16/2013	and assigned
This amendment is submitted to amend the following	 :	FIL 2014 JAN 24 SECRETAR TALLAHASS
A. If amending name, enter the new name of the l	imited liability company here:	SS SS
Michael G Benton Jr. LLC		THE P
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LL	C' or the abbreviation, L.L.C.
Enter new principal offices address, if applicable:		. 28 ATE DRIUA
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	is
	. Fl	orida
-	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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Add
			Remove
			——————————————————————————————————————
			FILE SECRETARY O TALLAHASSEE
			24 PR
			PHISTAGE STATE
			☐ Remove
			□ Add
			☐ Remove
			Add
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If amending any other information, enter change(s) here: (Attach	additional sheets, if necessary.)
	- · · · · · · · · · · · · · · · · · · ·
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 the date this document is filed by the Florida Department of State)	cannot be more than 90 days after
Dated 1/2//14	
Dated // E///	7
	\Rightarrow
Signature of a member or authorized repre	sentative of a member
Michael G Benton Jr.	
Typed or printed name of a	um ee

Page 3 of 3

Filing Fee: \$25.00

2014 JAN 24 PH 12: 28
SECRETARY OF STATE AHASSEE, FLORIDA