LILLCCCC 51019

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COVER LETTER

TO: Registration So Division of Cor			
	ENLAW LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Trease revail all evirespe	JAIME ALAN GONZALE		
		Name of Person	
	BENDIKSENLAW LLC		
	21200 NE 38TH AVE, SU	Firm/Company	
		Address	
	AVENTURA, FL. 33180		
	jgonben@hotmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please co	all:	
JAIME ALAN GONZA	LEZ	512 484-6990	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ S25.00 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Florida document number	were filed on MARCH 28, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		- 2 2
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	· · ·	<u>2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 </u>
B. If amending the registered agent and/or registered of	Tice address on our records, ent	er the name of the ne
registered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Florida	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agra provisions of all statutes relative to the proper and complete		

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NELIDA GUTIERREZ PINO	21200 NE 38TH AVE SUITE 2803	Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			D Add
			□ Remove
			☐ Change
			
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			
			□ Remove
			□ Change

Nefida Gutierrez Pino: 85	% percent ownership-interest in the Company.	
Jaime Gonzalez Bendikse	n: 15% percent ownership-interest in the Company.	
-		
		
		<u>J</u>
		<u> </u>
ctive date, if other than	the date of filing:	(optional)
If the date inserted in th.	must be specific and cannot be prior to due of filing of more s block does not meet the applicable statutory filing r e Department of State's records.	e man 90 days after thing, Frustaant to 605, requirements, this date will not be liste
ecord specifies a dela	yed effective date, but not an effective tim	ne, at 12:01 a.m. on the earlie
ne 90th day after the	ecord is filed.	
June 6	2018	
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Typed or printed name of signee

Filing Fee: \$25.00