114000113748

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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(Do	cument Number)	
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Amend

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COVER LETTER

TO:		stration Sesion of Corp			
emore.	cer.	BENZER	INVESTMENT PARTNERS	LLC	
SUBJE	CI:		Name of Lin	ited Liability Company	
The enc	losed	Articles of i	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn :	ıll correspoi	ndence concerning this matter	to the following:	
			ARVIND NANDU		
				Name of Person	
			BENZER INVESTMENT	PARTNERS LLC	
				Firm/Company	
			11007 KENTMERE COU	RT	
				Address	
			WINDERMERE, FL 3478	6	
				City/State and Zip Code	
			E-mail address: (to be used for future annual report not	fication)
For furth	ner inf	ormation co	incerning this matter, please ca	all:	
ARVIN	D NA	NDU			
		Name of	Person	at () Area Code Daytin	Telephone Number
Enclosed	l is a c	theck for the	e following amount:		
₩ \$25.	00 Fil	ing Fee	S30.00 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:

TO:

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

BENZER INVESTMENT PARTNERS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A riore	ia Emilied Examinty Company)	
The Articles of Organization for this Limited Liability (Florida document number L14000113748		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	nited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		[6] [6]
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ado	stered office address on our records, <u>ento</u> dress here:	er the name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 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> LAKSHMI VENTURES LLC	Address 8004 FIRENZE BLVD	Type of Action
MGR			Add
		ORLANDO, FL 32839	■ Remove
			☐ Change
			□ Remove
			☐ Change
			
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change
			□ Remove
			☐ Change
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			Remove
			Change

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Effective date, if other than the Han effective date is listed, the date many Note: If the date inserted in this backward document's effective date on the I	nock does not meet the applic	able statutory filing requi	(optional) 90 days after filing.) Pursuant to rements, this date will not be	605.0207 (listed as t
ne record specifies a delaye The 90th day after the re	d effective date, but no cord is filed.	t an effective time, a	at 12:01 a.m. on the e_{ℓ}	arlier of:
Dated	2019			
	Arvindalanda	rized representative of a me		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00