

L14000123854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

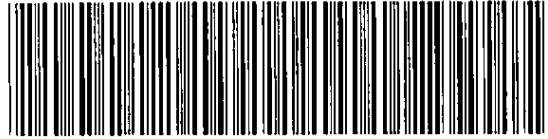
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

09/18/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BENELU, 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:

Luciano Pieri

Name of Person

Westhold Capital LLC

Firm Name

114 NW 25 St.

Address

Miami Florida 33137

City/State and Zip Code

lpieri@mac.com

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

For further information concerning this matter, please call:

Luciano Pieri

at (905) 968-6711

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
211 N. M. Street, Suite 810

SECRETARY OF STATE  
TALLAHASSEE, FL

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SEP 18 2024

If ☐ Existing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	Luciano Pieri	114 NW 25 St.	<input checked="" type="checkbox"/> Add
		MIAMI FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Graciela Daluisio	114 NW 25 St.	<input type="checkbox"/> Add
		MIAMI FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE  
FALL APPOINTMENT

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TALLINN, EST.

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SECRETARY'S OFFICE  
TALLAHASSEE, FL

**Note:** If the date inserted in this block does not meet the app's document's effective date on the Department of State's record.

of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) statutory filing requirements, this date will not be listed as the

If the record specifies a delayed effective date, but not an effective record is filed.

at 12:01 a.m. on the earlier of: (b) The 90th day after the

Dated 9/01/24

Signature of a member of the \_\_\_\_\_

<sup>1</sup> representative of a member

Luciano Pieri

Typed or printed

Name of signee