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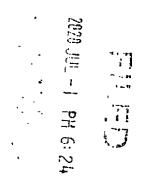
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AUG 1 4 2020 S. YOUNG

## **COVER LETTER**

TO: Registration So Division of Cor			
	& HOPNER, LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOHN MICHAEL GART	NER, JR.	
		Name of Person	
	BENMAR & HOPNER, L	LC.	
	<del></del>	Firm/Company	<del></del>
	303 SW 8TH STREET, U	NIT 2	
		Address	
	OCALA, FI. 34471		
		City/State and Zip Code	<del></del>
	ADMIN@CALIBERDE.CO	OM to be used for future annual report no	uffication)
For further information of	concerning this matter, please co		
JOHN MICHAEL GAR	TNER, JR.	352 789-6298	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filling 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	Street Address: Registration Se	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BENMAR & HOPNER, 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  $\frac{09/10/2014}{1}$ Florida document number L14000141397 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City

## 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, 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>	Address	Type of Action
MGR	MARTTER, WILLIAM A, JR.	303 SW 8TH STREET. UNIT 2	
		OCALA. FLORIDA 34471	■Remove
			□ Change
			□Add
			□Remove
			□ Change
	<del></del>		DAdd
			□Remove
			□ Change
			□Add
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		<del></del>	□ Change
		, <del>- • ·</del>	□Remove
			□Remove
			Change

., 11 4111	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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5 5M	
Note:	ve date, if other than the date of filing:
f the record ecord is file	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	June 26, 2620
	h
	Signature of a member or authorized representative of a member
	John M. Gwher Jr. Typed or printed name of signee

Filing Fee: \$25.00