

K. SALY
DEC 22 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BENLOLOS 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:

CARLOS FIGUEIRA

Name of Person

CLFC AND ASSOCIATES LLC

Firm/Company

8200 NW 41 STREET SUITE 200

Address

DORAL FL 33166

City/State and Zip Code

INFO@CLFCSOLUTIONS.COM

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

For further information concerning this matter, please call:

CARLOS FIGUEIRA

305 721-2988
at ()

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BENLOLOS LLC

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

FILED
2016 DEC 20 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JANUARY 07, 2015 and assigned
Florida document number L15000003585.

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 "L.L.C."

Enter new principal offices address, if applicable:

3141 MCDONALD STREET

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33133

Enter new mailing address, if applicable:

3141 MCDONALD STREET

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33133

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:

N/A

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, 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>
MGR	ROSA ABRUSCI	3141 MCDONALD STREET	<input checked="" type="checkbox"/> Add
		MIAMI FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSEPH BENLOLO	3141 MCDONALD STREET	<input type="checkbox"/> Add
		MIAMI FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HERMELINDA JIMENEZ	8726 NW 26 STREET SUITE 7	<input type="checkbox"/> Add
		MIAMI FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARILYN BENLOLO	8726 NW 26 STREET SUITE 7	<input type="checkbox"/> Add
		MIAMI FL 33172	<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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20 DEC 20 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

2016 DEC 20 PM 4:11
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: DECEMBER 01, 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated DECEMBER 14

2016

Signature of a member or authorized representative of a member

JOSEPH BENLOLO

Typed or printed name of signee