LECULACIA

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
PłCK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
Benton Ho	ldings LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following.	
	Andrew Walter		7 3.3
		Name of Person	16 JUL - 8
	<u></u> ,	Firm/Company	· ·
	2802 W. Price Ave		PH of
		Address	رُ آنَ
	Tampa, FL 33611		
		City/State and Zip Code	-
	andyjwalter@gmail.com	to be used for future annual report notif	(Toollon)
For further information a	•		ication)
	concerning this matter, please c		
Andrew Walter		260 494-4775 at ()	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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

Benton Holdings LLC	
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
· · · · · · · · · · · · · · · · · · ·	1 7 , 2015 and assigned
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	ation "LLC" or the abbreviation: "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- 「大 元 元 元 元 元
	-o [[S]
	<u> </u>
Enter new mailing address, if applicable:	<u>ज</u> राजि
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address: Enter Florida str	reet 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>	Type of Action
MGR	Andrew Walter	2802 W. Price Ave	■ Add
		Tampa, FL 33611	☐ Remove
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			Change Change
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NAME	CHANGE .	OF CXIST	INC MA	NAGER		
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an effective date is I lote: If the date in	other than the date isted, the date must be sp aserted in this block do we date on the Departi	pecific and cannot be prolong to the prolong the property and the app	licable statutor			
e record specif	ies a delayed effo after the record i	ective date, but is filed.	not an effec	tive time, at :	12:01 a.m. on	the earlier
The 90th day		2016				
The 90th day	Signa	ature of a member or at	affer athorized represe	ntative of a member	er	

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Filing Fee: \$25.00