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Division of Corporations H150002605133

**H150002605133**

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H15000260513 3)))



H150002605133ABCK

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : PROMINENT SERVICES INC  
Account Number : I20150000063  
Phone : (305)889-2880  
Fax Number : (305)889-2881

2015 NOV -5 A 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Corporationcorrection@yahoo.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BENSOF LOGISTICS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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November 4, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BENSOF LOGISTICS, LLC  
10598 NW SOUTH RIVER DRIVE  
MEDLEY, FL 33178US

SUBJECT: BENSOF LOGISTICS, LLC  
REF: L15000101636

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please indicate if you are adding, removing or changing Maria.

*Change address*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

FAX Aud. #: H15000260513  
Letter Number: 515A00023298

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TALLAHASSEE, FLORIDA

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H 150002605133

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BENSO LOGISTICS 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:

ARIEL A SCIORTINO

Name of Person

BENSO LOGISTICS LLC,

Firm/Company

14541 SW 296 ST

Address

HOMESTEAD, FL, 33033

City/State and Zip Code

info@southernlogisticsone.com

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

For further information concerning this matter, please call:

JULIAN GOROSITO

Name of Person

786

at

409-3316

Area Code

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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

H 150002605133

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

H150002605133

BENSOF LOGISTICS 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 06/10/2015 and assigned  
Florida document number L15000101636.

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:

(Principal office address **MUST BE A STREET ADDRESS**)

14541 SW 296 ST

HOMESTEAD, FL 33033

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

14541 SW 296 ST

HOMESTEAD, FL 33033

**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:

ARIEL A SCIORTINO

New Registered Office Address:

14541 SW 296TH ST

Enter Florida street address

MIAMI

Florida 33172

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.

X   
If Changing Registered Agent, Signature of New Registered Agent

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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	ARIEL A SCIORTINO	14541 SW 296 STREET	<input type="checkbox"/> Add
		HOMBSTAD, FL 33033	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MARIA FLORENCIA ROJAS	14541 SW 296 STREET	<input type="checkbox"/> Add
		HOMESTEAD, FL 33033	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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.

(b) The 90th day after the record is filed.

Dated NOVEMBER 02, 2015

NOVEMBER 02  
  
 Sig

Signature of a member or authorized representative of a member

ARIEL A SCIORTINO

Typed or printed name of signee

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