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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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IN HARRIE

COVER LETTER

| O: Registration Se Division of Cor | | | | |
|---------------------------------------|--|---|--|---------|
| SUBJECT: | <u> 3enderm</u> C Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | Andrea | Dealicol Name of Person | | |
| | Benderm Cri | Firm/Company | Premier Howenad Su | -arcing |
| | 920 SW | 42nd Ave | | |
| | | City/State and Zip Code | | |
| | CAKBEC C E-mail address: (| to be used for future annual report notifi | cation) | |
| For further information co | oncerning this matter, please ea | all: | | |
| Andrec Name o | n Bencical fPerson | at () 305 Area Code Daytime | 783 1707 Telephone Number | |
| Enclosed is a check for th | ne 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
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| <u> </u> | 11C | | | |
|--|---|------------------------|------------------|------------------|
| (A Flori | ility Company as it now appears on our records.) da Limited Liability Company) | | | |
| The Articles of Organization for this Limited Liability Florida document number 15000/80 | | 8 | ınd ass | signed |
| This amendment is submitted to amend the following: | | | | |
| • | | | | |
| 1. If amending name, enter the new name of the lir | nited hability company here: | | | |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the designation "LLC" or the | abbrevia | tion "L | .L.C." |
| Enter new principal offices address, if applicable: | | | | |
| Principal office address MUST BE A STREET ADD | DRESS) | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| | | | <u>-</u> _ | |
| | | | | |
| B. If amending the registered agent and/or reging registered agent and/or the new registered office ad | | r the i | <u>1ame</u> | of the nev |
| | · <u></u> | 1 : | 2017 | |
| Name of New Registered Agent: | | | }- }: | |
| | | .01 | | |
| New Registered Office Address: | Enter Florida street address | - <u>**:</u> | | propose i g |
| | Florida | | | |
| | , Florida, | Zi _j | Gode | |
| New Registered Agent's Signature, if changing Register | ed Agent: | :•' | * | |
| I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change | complete performance of my duties, and I an agent as provided for in Chapter 605, F.S. Ored office address, I hereby confirm that the I | n famili r, if thi: | ar wit s docu | h and ment is |
| | If Changing Registered Agent, Signature of New I | Registere | d Agei | <u>1t</u> |

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

1GR = Manager .

MBR = Authorized Member Type of Action Name <u>`itle</u> 3615 San Simeon Circle 161 Patrick Serrano Weston, 37331 ☐ Remove ☐ Change \square Add ☐ Remove Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove □ Change _**_**_ ☐ Change

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| i effectiv <u>te:</u> If th | date, if other than the date of filing: | | |
| record | e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing, the date inserted in this block does not meet the applicable statutory filing requirements, this date | will not be liste | ed as t |
| n effective te: If the cument's record The 90t | e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing, see date inserted in this block does not meet the applicable statutory filing requirements, this date is effective date on the Department of State's records. It specifies a delayed effective date, but not an effective time, at 12:01 a.m. th day after the record is filed. | will not be liste | ed as t |
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