

L15000208519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

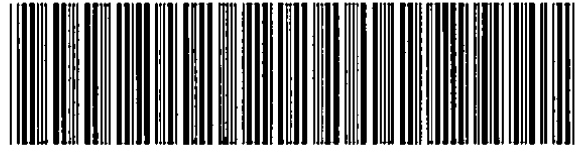
(Business Entity Name)

(Document Number)

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2020 OCT 16 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FL.

10/19/20

On

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Benchmark International CSS, 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:

Clinton Johnston

Name of Person

Benchmark International

Firm/Company

4030 West Boy Scout Blvd. Suite 500

Address

Tampa, FL 33607

City/State and Zip Code

legal@benchmarkintl.com

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

For further information concerning this matter, please call:

Clinton Johnston

813

898-2350

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED

2020 OCT 16 PM 4:39

Benchmark International CSS, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/15/2015 and assigned Florida document number L15000208519.

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)

4030 West Boy Scout Blvd

Suite 500

Tampa, FL 33607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2009 South Capital of Texas Hwy

Suite 300

Austin, TX 78746

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:

4030 West Boy Scout Blvd Suite 500

Enter Florida street address

Tampa

City

Florida

33607

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>
MBR	Keane, Steven	4030 West Boy Scout Blvd	<input type="checkbox"/> Add
		Suite 500	<input type="checkbox"/> Remove
		Tampa, FL 33607	<input checked="" type="checkbox"/> Change
MGR	Jackson, Gregory		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Stafford, Kendall	2009 South Capital of Texas Hwy	<input type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Austin, TX 78746	<input checked="" type="checkbox"/> Change
AR	Johnston, Clinton	4030 West Boy Scout Blvd	<input type="checkbox"/> Add
		Suite 500	<input type="checkbox"/> Remove
		Tampa, FL 33607	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

Dated October 12, 2020


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00