## LICCOCOIITIE

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## **COVER LETTER**

Division of Cor	porations		
Initiate LLA SUBJECT:			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gerrit Disbergen		
		Name of Person	<del></del>
	12401 SW 58th Street	Pirm/Company	
	12401 3W 36H 3Heet		
	Southwest Ranches, Florid	Address la 33330	
	gerrit@benefique.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
Gerrit Disbergen		954 471-4107	
Name o	f Person	at ()	e 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:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

STREET/COURIER ADDRESS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Initiate LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
the Articles of Organization for this Limited Liability Company were filed on January 19, 2016  lorida document number L16000011718		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbro	eviation "L,L.C."
nter new principal offices address, if applicable:	51	
Principal office address MUST BE A STREET ADDRESS,		æ
The part office and test NION I DE TEST NION TO RELEGI	<u> </u>	<del></del>
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nter new mailing address, if applicable:	ni Un	P II
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	<b>9</b>	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered egistered agent and/or the new registered office address by	office address on our records, enter th	- U1 (#1
Name of New Registered Agent:		
New Registered Office Address:		
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>	Address	Type of Action
MGR	Brigitte Bray	30 Eagle Avenue, Kenrock Estate, Hout Bay, South Africa 7806	<b>B</b> Add
	Roger David Bray		☐ Remove
			☐ Change
MGR	Roger David Bray	30 Eagle Avenue, Kenrock Estate. Hout Bay, South Africa 7806	■ Add
			Remove
			☐ Change
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ective date, if other than the a effective date is listed, the date must	date of filing: be specific and cannot be pr	ior to date of filing or more	than 90 days after filing	; ;.) Pursuant to 60	05.0
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record specifies a delayed he 90th day after the reco		not an effective time	e, at 12:01 a.m.		ier
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00