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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TON' LYNETTE BENTON, 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:
Toni Benton Name of Person
REMAX EUTE Firm/Company
34210 US HWY 19N
Palm Harbor FL 34684 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Toni Benton at (813) 786-5467 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status &

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

Unlock the D	DOOK, LL	\mathcal{L}		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our ed Liability Company)	records.)		
The Articles of Organization for this Limited Liability Compa Florida document number	ny were filed on <u>Aug</u> 7	, 15,2016 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
Toni Lynette Ben	ton, LLC			
The new name must be distinguishable and contain the words "Limited Lie Enter new principal offices address, if applicable:	ability Company," the designatio 30522 US HWY 1			
· · · · · · · · · · · · · · · · · · ·	PALM HARBOR, I	T 34684		
(Principal office address MUST BE A STREET ADDRESS)	7(1)(0)	- ()		
Enter new mailing address, if applicable:	talm Har 30522 US HWY	bor, FL 34684 19NSTE 107		
(Mailing address MAY BE A POST OFFICE BOX)	PALM HARBOR,	FI 34684		
Mulang mairess MAT BE A FOST OFFICE BOX		113 1001		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent: New Registered Office Address:		ecolus, enter the name or the nev		
	Enter Florida street address			
		. Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agen	nt;			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance of my dut is provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is		
H C	hanging Registered Agent, <u>Sigr</u>			
Pag	e 1 of 3	ea w		

If amending Authorized Person(s) authorized to manage, \underline{enter} the title, name, and address of each person_being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Section data if ather than the data of filings	tional)		605.020
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ffective date, if other than the date of filing:	tional) ter filing.) P his date wi	ursuant to ill not be	listed a
<u>lote:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, t	tional) ter filing.) P his date wi	ursuant to	listed a
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