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DIVISION OF COREORATIONS

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## **COVER LETTER**

TO: Registration Section Division of Corporation			•
SUBJECT:	BENSON PA	tability Company	
	14mme of Emilies (	statinty Company	
The enclosed Articles of Am	endment and fee(s) are submitte	ed for filing.	
Please return all corresponde	nce concerning this matter to the	e following:	
	BRIAN	BENSON Name of Person	·
		Firm/Company	
	GOR AS	HBERRY LN	
		7001005	<u>32714</u>
_	brian @ Ber	SPRINGS FL  Ty/State and Zip Code  SON PA. COM  used for future annual report notification	
For further information and		uscu for future annual report notification	n)
BRIAN B	erning this matter, please call:	~371×506-#	WAAT 7895
Name of Per	son	at (321) 506- Area Code Daytime Telep	phone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & G 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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

BENSON PA,	LLC					
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	records.)				
The Articles of Organization for this Limited Liability Company v Florida document number <u>L1600177282</u>	vere filed on 9/22	and assigned  ere:  designation "LLC" or the abbreviation "L.L.C."    O				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabil	ity company here:					
GRACIESAM, LLC						
The new name must be distinguishable and contain the words *Limited Liabilit	y Company," the designation	"LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	SAME					
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address here:  Name of New Registered Agent:		3 PH D: 5				
New Registered Office Address:	Enter Florida street	address				
	Florida					
	City					
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as prebeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duti ovided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is				

. 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
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			€ Remove
			B Change
			B Add
	·		∃ Remove
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ective date, if other that a effective date is listed, the date: If the date inserted in	ate must be specific a this block does not	nd cannot be pr ! meet the app	ior to date of filin licable statutory	g or more than 9	(options 0 days after fili- ments, this da	ng.) Pursuar	at to 605.02 be listed	107 as
cument's effective date on	the Department of	State's recor	ds.					
record specifies a de he 90th day after the	layed effective e record is filed	date, but i i.	not an effect	ive time, at	12:01 a.m	ı. on the	earlier	01
ed SEPTEMBER	e 29	, 201	<u>6</u> .					
	· 3 //							

Page 3 of 3

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