16000179776

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COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: BENTON CONSULTING GROUP, LC 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:
F.J. Pouzaez Name of Person
Firm/Company
2800 Ponce de Jesu Sur, #1100
CORAL GABLES 7 L 33/34
City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
4. J. Gow 21 (20) 40, 8077 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$25.00 Filing Fee \$255.00 Filing

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**

Beaujon Consulting Group, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our re rida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number L16000179776	y Company were filed on 09/27/2016	and assigned
This amendment is submitted to amend the following	 :	
A. If amending name, enter the new name of the l	imited liability company here:	56 PE T
The new name must be distinguishable and contain the words "l	imited Liability Company," the designation "	LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable:		LLC" or the abbreviation "FLC."
(Principal office address MUST BE A STREET AD	DRESS)	
		6 MHIII: 03
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	
	enter r toriga sireet ad	
	City	, Florida Zip Code
Now Degistered Agent's Signature if changing Degiste	wod Augnes	

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 tide, 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	Rodrigo Romero	2800 Ponce de Leon Blvd,	■ Add
		#1100 Coral Gables, 33134	Remove
			Change
			□ Add
			□ Remove
		<u></u>	☐ Change
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fective date, if other than the an effective date is listed, the date must	st be specific and car	nnot be prior to	date of filing o	or more than 90 da	(optional) ys after filing.)	Pursuant to 605.020
ote: If the date inserted in this blocument's effective date on the D	ock does not mee epartment of Stat	t the applical e's records.	ble statutory f	iling requiremen	its, this date v	vill not be listed a
e record specifies a delayed The 90th day after the rec	d effective dat ord is filed.	e, but not	an effectiv	e time, at 12	2:01 a.m. o	n the earlier o
December 12	;	2016				
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Typed or printed name of signee

Filing Fee: \$25.00