

U6000226724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

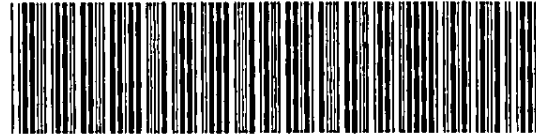
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19 JAN -2 PM 3:52  
STATE OF FLORIDA  
TALLAHASSEE

K SALY  
JAN 7 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 11, 2018

LAW OFFICE OF THERESA BENNETT  
THERESA BENNETT  
500 SE 17TH ST, STE. 323  
FT. LAUDERDALE, FL 33316

SUBJECT: KING BENJI, LLC  
Ref. Number: L16000226724

We have received your document for KING BENJI, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 318A00025392

2019 JAN -2 PM 3:22



LAW OFFICE OF  
THERESA BENNETT

*Board Certified in Admiralty and Maritime Law*

Suite 323

500 Southeast 17<sup>th</sup> Street Causeway

Fort Lauderdale, Florida 33316-1717

(954) 463-4007

(866) 840-5795 (Facsimile)

E-mail: [TB@TheBoatlawyer.com](mailto:TB@TheBoatlawyer.com)

[www.TheBoatlawyer.com](http://www.TheBoatlawyer.com)

December 27, 2018

Via FedEx

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Subject: KING BENJI, LLC  
Ref. No.: L16000226724

Dear Sir/Madam:

Enclosed is the revised Articles of Amendment to Articles of Organization with regards to King Benji, LLC, correcting the name of the new Registered Agent as per your Letter Number 318A00025392 (a copy of which is attached hereto for your reference).

Thank you for your assistance in this matter. Please contact the undersigned if you have any questions or if you need anything further.

Sincerely,

*Theresa M. Bennett*

Theresa Montalbano Bennett

Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KING BENJI, 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:

THERESA BENNETT

\_\_\_\_\_  
Name of Person

LAW OFFICE OF THERESA BENNETT

\_\_\_\_\_  
Firm/Company

500 SE 17th STREET, SUITE 323

\_\_\_\_\_  
Address

FT. LAUDERDALE, FL 33316

\_\_\_\_\_  
City/State and Zip Code

tb@theboatlawyer.com

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

For further information concerning this matter, please call:

THERESA BENNETT

954

463-4007

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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

KING BENJI, LLC

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

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SE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/13/2016 and assigned  
Florida document number L16000226724

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) \_\_\_\_\_

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 on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

THERESA BENNETT PLLC

New Registered Office Address:

500 SE 17th STREET, SUITE 323

*Enter Florida street address*

FT. LAUDERDALE

Florida 33316

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*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>
AMBR	3182 ENTERPRISES, LLC	17328 VENTURA BLVD.	<input type="checkbox"/> Add
		SUITE 302	<input checked="" type="checkbox"/> Remove
		ENCINO, CA 91316	<input type="checkbox"/> Change
AMBR	JOSH GOLDER	17328 VENTURA BLVD.	<input checked="" type="checkbox"/> Add
		SUITE 302	<input type="checkbox"/> Remove
		ENCINO, CA 91316	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SANTA ANITA  
COUNTY CLERK  
OFFICE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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19 JAN -2 PM 4:00  
STATE OF FLORIDA  
TALLAHASSEE

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
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)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
The 90th day after the record is filed.

Dated November 26, 2018

Josh Golder  
Signature of a member or authorized representative of a member

JOSH GOLDER  
Typed or printed name of signee