# L16000231519

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### **COVER LETTER**

	enson, LLC		
JOBJEC 1	Name of Lim	ited Liability Company	··· <u></u>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Jeffrey J. Benson		
		Name of Person	
	Jeffrey J. Benson, LLC		
		Firm/Company	
	514 16th Avenue East		
		Address	
	Palmetto,FL. 34221		
		City/State and Zip Code	<del></del>
	jeffbenson555@gmail.com		
		to be used for future annual report notific	eation)
For further information ec	oncerning this matter, please c	all:	
Jeffrey Benson		727 515-2694 at ()	
Name of	Person	Area Code Daytime	Felephone Number
Enclosed is a check for th	e following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

ARTICLES OF C	<b>PRGANIZATION</b>	2 6,
O	F	3 JUN LED
		23 JUN 28 PM 3-07
Jeffrey J. Benson, LLC		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our rec- Liability Company)	ords.)
	02.00.2019	1965.
The Articles of Organization for this Limited Liability Company	were filed on 02-09-2018	and assigned
Florida document number L16000231519		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
1509 Trailwater Street, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" 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 agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	lress
	_	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
			□Add
			Remove
			Change
			□ Add
			□Remove
			Change
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ctive date, if	other than the	date of filing:			(opti	onal)	
effective date is	listed, the date mus	t be specific and ca	annot be prior to	date of filing or mor	e than 90 days after	onal) filing.) Pursuant to 605	5.02
	ve date on the De			e statutory mang	requirements, uni	s date will not be list	ea
ecord speci	fies a delayec	d effective da	te, but not a	n effective tir	ne, at 12:01 a	a.m. on the earli	er
ne 90th day	after the rec	ord is filed.					
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Registration Section
Division of Corporations

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	jeffbenson555@gmail.com			
	E-mail address: (	to be used for future annual report noti	fication)	
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