

L17000005132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

FEB 06 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 20, 2017

MARC MAXIRENE BENJAMIN  
8255 NE 2 AVE  
MIAMI, FL 33138

SUBJECT: BENFAMILY CONTENAIR EXPRESS LLC  
Ref. Number: L17000005132

We have received your document for BENFAMILY CONTENAIR EXPRESS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

MISSING PAGES 2 AND 3 - SIGN PAGE 3 AND RETURN

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 117A00001266

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LLC: BENFAMILY CONTAINER EXPRESS  
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:

Marc Maxirene Benjamin  
Name of Person

BENFAMILY CONTAINER EXPRESS  
Firm/Company

8255 NE 24th  
Address

Miami, FL 33138  
City/State and Zip Code

Bachmy Benjamin@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BACHMY BENJAMIN at ( 786 ) 290-1485  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

BENFAMILY CONTAINER EXPRESS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01-13-17 and assigned  
Florida document number L17000005132.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BENFAMILY CONTAINER EXPRESS LLC

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:

New Registered Office Address:

Enter Florida street address

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**

**FILED**  
2017 JAN 13 PM 2:25  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

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☐ Change  
 Add  
 Remove  
☐ Change

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

[illegible]

**E. 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:

(b) The 90th day after the record is filed.

**Dated**

01-31-17

Mar 6 1782

Signature of a member or authorized representative of a member

MARC MAXIRENE BENJAMIN

Typed or printed name of signee

601753-3 PD 2:25  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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