

L17000087721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

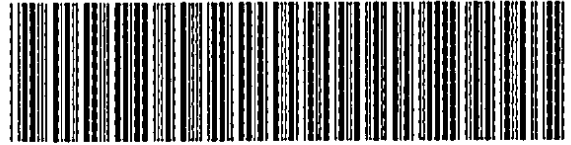
(Business Entity Name)

(Document Number)

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# COVER LETTER

**TO: Registration Section**  
**Division of Corporations**  
Benchmark Enterprises LLC

**SUBJECT:** \_\_\_\_\_  
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:

Troy Woldridge

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

Benchmark Enterprises LLC

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

1109 Wesley St West

\_\_\_\_\_  
Address

LEHIGH ACRES FL 33901

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

troywoldridge@yahoo.com

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

For further information concerning this matter, please call:

Troy Woldridge 239 357-1720

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
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 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**

Benchmark Enterprises 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 4/20/2017 and assigned  
Florida document number 1.17000087721.

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)**

Troy Woldridge

1109 Wesley St. West

LEHIGH ACRES FL 33901

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

Troy Woldridge

1109 Wesley St. West

LEHIGH ACRES FL 33901

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

Name of New Registered Agent:

Troy Woldridge

New Registered Office Address:

1109 Wesley St West

*Enter Florida street address*

Lehigh Acres


Florida 33901

*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 filing 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 Register

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Bruce Dorendorf	4612 SW 17th Ave Cape Coral FL 33914	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	Mary Dorendorf	4612 SW 17th Ave Cape Coral FL 33914	<input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Katelyn Woldridge	1109 Wesley St West Lehigh Acres FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add 2021 JAN 5 AM 11:10 <input type="checkbox"/> Remo <input type="checkbox"/> Chg <input type="checkbox"/> Add <input type="checkbox"/> Re
			<input type="checkbox"/> C
			<input type="checkbox"/>
			<input type="checkbox"/>

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

FILED  
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**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 605.020

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 December 30<sup>th</sup>, 2020



Signature of a member or authorized representative of a member

Troy Woldridge

Typed or printed name of signee