L17000115114

	(Requestor's Name)
_	(Address)
	(Address)
	(City/State/Zip/Phone #)
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· ·-	(Document Number)
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COVER LETTER

TO: Registration Section Division of Corpo		
, BENGI TECH SUBJECT:	INOLOGY LLC	
	Name of Limited Liability Company	
The enclosed Articles of An	nendment and fee(s) are submitted for filing.	
Please return all corresponde	dence concerning this matter to the following:	
	GIAMFRANCO BENTINI GONZALEZ	
	Name of Person	
	BENGI TECHNOLOGY LLC	
	Firm/Company	
	1171 W 35TH ST	
	Address	
	HIALEAH, FL. 33012	
	City/State and Zip Code	
	BENGITECHNOLOGY@GMAIL.COM	
•	E-mail address: (to be used for future annual report notification)	
For further information conc	cerning this matter, please call:	
GIAMFRANCO BENTINI	GONZALEZ 786 780-8005 at ()	
Name of Pe		
Enclosed is a check for the fo	following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &

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

BENGI TECHNOLOGY LLC	•		

(<u>Name of the Limited Li</u> (A Fl	ability Company as it now apported Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liabili Florida document number L17000115114		05/24/2017	and assigned
This amendment is submitted to amend the following	g:		
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," th	e designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AI	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	Σ		
B. If amending the registered agent and/or registered agent and/or the new registered office and/or the new registered of New Registered Office and/or registered of New Registered Office and/or registered of New Registered Office and/or registered office a		on our records, <u>ent</u>	er the name of the nev
New Registered Office Address:			
	Enter F	lorida street address	
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:		
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	id complete performance i d agent as provided for in tered office address, I her	of my duties, and Lai 1 Chapter 605, F.S. (m familiar with and Or, if this document is
	If Changing Registered	Agent, Signature of New	· · · · · · · · · · · · · · · · · · ·
	Page 1 of 3		

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
MGR D/I	TATIANA CASTILLO	425 NW 30 ST APT. 603, MIAMI,	■ Add
			Remove
			Change
			Remove
			☐ Change
			Add
			🗆 Remove
			□ Change
			Remove
			☐ Change
			17 Remove
			Change
<u> </u>			Add 7
			Change

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ective date, if other t	han the date of fil	08/21/2017	optional)
n effective date is listed, th	e date must be specific :	and cannot be prior to date of filing or more than 90 days	after filing.) Pursuant to 605,0207
ote: If the date inserted cument's effective date	on the Department o	ot meet the applicable statutory filing requirements of State's records.	s, this date will not be listed as
	·		
record specifies a The 90th day after	delayed effective the record is file	e date, but not an effective time, at 12:6	01 a.m. on the earlier o
ted		_ `	 .
	15	3	17
	Signature	a member or authorized representative of a member	
	V S.B.mart Of		
GIAMFRANC	O BENTINI GONZ.		28 P#
		Typed or printed name of signee	
			* 12

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Filing Fee: \$25.00