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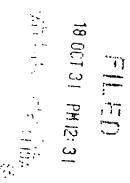
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PICK-UP	☐ WAIT	MAIL
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Office Use Only



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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Sennas Name of Limi	ISans LL-C	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	lence concerning this matter (to the following:	
	Benjan	Name of Person	
	<u></u>		
	_	Firm Company	
	903 F	10 sida Pakut	
	Kissu	City/State and Zip Code	143
	Ë-mail address: (t	o be used for future annual report notifica	tion)
For further information con	scerning this matter, please ca	ill:	
Beyanen Name of F	Fouad_	at () Area Code Daytime To	elephone 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

Benmar Tlans (Name of the Limited Liability Comp (A Florida Limited)	any as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	y were filed on $4/2$ ollo FL and assigned
Florida document number <u>L 17000 139 171</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ollity Company," the designation "E.I.C" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
	—, —[1]
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	? ————————————————————————————————————
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the ney</u> re:
registered agent and or the new registered solve and each in	<u></u>
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

If alneading Authorized Person(s) authorized to manage, emer the title, name, and address of each person	being added
or removed from our records:	

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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in effective date is listed, the date must be spoote: If the date inserted in this block doncument's effective date on the Departm	es not meet the a	applicable stati	ning or more inc itory filing requ	irements, thi	s date w	ill not b	e listed
e record specifies a delayed effe The 90th day after the record is	ctive date, bu s filed.	ut not an ef	fective time,	at 12:01	a.m. o	n the (earlier
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ated <u>9-28</u>	7	<u> </u>					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00