11800000 3600

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300334402463

09/26/19--0:015--004 *+25.00

F IL C.I.)

19 SEP 26 - AH 8: 53

Setum Park of JIAIE

GT 19 MM T SOMPOEDER

COVER LETTER

TC		istration Sec ision of Corp				
	D III CT		CHARLES INVESTMENTS	LLC		
Su	ВЈЕСТ:		Name of Limi	ted Liability Company		
Th	e enclosed	l Articles of A	mendment and fee(s) are sub-	nitted for filing.		
Ple	ase return	all correspon	dence concerning this matter t	to the following:		
			DAVID DETTMANN			
				Name of Person		
			BENJAMIN CHARLES IN	NVESTMENTS LLC		
				Firm/Company		
			1113 se 47th Terrace Unit	≝ 7		
				Address		
			Cape Coral FL 33904			
			davedettmann@gmail.com	City/State and Zip Code		
			E-mail address; (t	o be used for future annual	report notification)	
Fo	r further in	nformation co	ncerning this matter, please ca	il:		
D.	AVID DE	TIMANN		239 72	28-4016	
		Name of	Person	Area Code	Daytime Telephone	Number
En	closed is a	check for the	following amount:			
	\$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee Certified Copy (additional copy is end	closed) C	0.00 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

RealtyBackOffice document certificate; https://aprirents/backoffice.gom/dd.xmload_certificate/344474b9-de1b-11e9-9fad-060559710138

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BENJAMIN CHARLES INVESTMENTS LLC		
(<u>Name of the Limited Liability</u>) (A Florida Li	Company as it now appears on our records miled Liability Company)	<u></u>)
The Articles of Organization for this Limited Liability Con	npany were filed on 01/04/2018	and assigned
Florida document number L18000003600		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE.	<u>SS)</u>	
		1 5 3
Enter new mailing address, if applicable:		S S
(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 register registered agent and/or the new registered office addres		, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Company as it now appears on our records. (A Florida Limited Liability Company) Liability Company were filed on 01/04/2018 and assigned ollowing: and assigned of the limited liability company here: and assigned of the limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." licable: EET ADDRESS) Addor registered office address on our records, enter the name of the office address here:	
	Flo	rida Ziv 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

ReartyBackOffice document certificate, https://aprirecilybackoffice.cpm/download_certificate/34447469-de1b-11e9-9fad-060559710138

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>	<u>Address</u>	Type of Action
MGR	DAVID DELTMAND	1113 SE 47th TER, Suite #7	5
		Cape Coral FL 33904	□ Add
			Remove
			Change
MGR	DAVID DETTMANN	1113 SE 47th TER, Suite # 7	
	· · · · · · · · · · · · · · · · · · ·	Cape Coral FL 33904	
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			Change
			□ Add
		<u> </u>	Remove
			S □ Change
			27 60
			Co Change
			□ Add
			Remove
			☐ Change
		·	Add
			□ Remove
			□ Change

													_
													_
					_	-	<u>-</u>						
											_		
				<u>-</u>									_
					_			_					
								_	- <u>-</u> -				_
		-											_
											-		_
										·			_
		_			_			-					_
	_			<u>.</u>	<u> </u>							-	_
							_	-		-			_
							.						_
											_		
	_										- 7	- 5	_
										, , ,		SE	,
												ι΄. _Ω	
	_								-		 -	<u> </u>	- ;
			-							<u> </u>	<u> </u>	<u> </u>	
										\$	 }>	င္ပ်ာ	-
. Effective	date, if othe	r than the	date of f	09 iling:	0/06/2019	9			(an	ಪ್ರ +(tional	٠,٠,٠	53	
<u> Note:</u> It t	ve date is listed, he date inserte 's effective da	ed in this bl	lock does n	iot meet t	he appli	cable statu	liling or r itory filir	nore than 1g requir	90 days afi ements, tl	ier filing.) i his date w	Pursua ill no	mt to 60 ot be lis)5.02) sted a
b) The 90	d specifies Oth day afte	er the rec	ord is file	ed.		ot an eff	ective	time, a	t 12:01	a.m. o	n th	e earl	ier (
e.s	ptember 23			. 20	19	·							
Dated													
Dated	M		Signature o										

Page 3 of 3

Filing Fee: \$25.00