118000034759

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TO:

Registration Section

Division of Co	rporations		
	ulting LLC.		÷
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Jorge Benitez		
		Name of Person	
	JBen Consulting LLC		
		Firm/Company	
	1030 NW 161 Ave	Address	
	Develople Bines CL 22025	,	
	Pembroke Pines, Fl. 33028	City/State and Zip Code	
	jbenconsulting@gmail.com	•	
		to be used for future annual report not	tification)
For further information	concerning this matter, please c		
Jorge Benitez		786 262.3526 at ()	
Name -	of Person	Area Code Daytir	ne Telephone 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)
<u>Mailing Addre</u> Registration		Street Address: Registration So	
Division of O P.O. Box 63	Corporations	Division of Co The Centre of	•
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jben Consulting LLC			
(Name of the Limited L (A F	iability Compa Iorida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number 118000034759	lity Company	were filed on $\frac{2/8/2018}{}$	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liab	ility company here:	
(Same)	•		
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	Jorge Benitez	
(Principal office address MUST BE A STREET A		1030 NW 161 Ave	
		Pembroke Pines, Fl. 33028	
Enter new mailing address, if applicable:		Maria Benitez	
(Mailing address MAY BE A POST OFFICE BOX)		1030 NW 161 Ave	
		Pembroke Pines, Fl. 33028	
Name of New Registered Agent.	ere: orge Benitez		me of the new register
New Registered Office Address:	030 NW 161 A	Enter Florida street address	
p	Pembroke Pine:		33028
<u>-</u>		S, Florida _	Zip-Gode
New Registered Agent's Signature, if changing Regi	stered Agent:		
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	ind complete red agent as j istered office	performance of my duties, and 1 ar provided for in Chapter 605, F.S. C	n famili es with and Dr. Tthis document is
	If Char	nging Registered Agent, Signature of New	Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
ASS MGI	Alberto Delgado	1030 NW 161 Ave, Pembroke Pines, Fl. 33028	🗃 Add
			□Remove
			Change
			🗆 Add
			□Remove
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			Chamin

Jorge Benitez 50%			
Maria Benitez 49%			
Alberto Delgado 1%			
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tive date, if other than the da	te of filing:	(option	ial) line) Pursuant to 605 0
If the date inserted in this block ment's effective date on the Depa	does not meet the applicable sta	tutory filing requirements, this	date will not be listed
rd specifies a delayed effective da iled.	ite, but not an effective time, at !	2:01 a.m. on the earlier of: (b)	The 90th day after
neu.			
November 17	. 2021		

Filing Fee: \$25.00

Typed or printed name of signee