1800120948

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
•	·	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		ļ
		İ
		į
_		

Office Use Only



100313787131

05/30/18--01004--001 **43.75

J. HARRIS

COVER LETTER



TO: Registration Section

Division of Corporations

SUBJECT: Ben + Kim'S Services LLC
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:

Benjamin Hallenbeck Name of Person
Ben & Kimis LLC
141 Old Orange Pack Rd Apt. 282
Orange Park Florida 32073 City/State and Zip Code
b. halle beck Quahov Com E-mail address: (to be used for ruture annual report notification)

For further information concerning this matter, please call;

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



June 1, 2018

BENJAMIN HALLENBECK 141 OLD ORANGE PARK RD APT 282 ORANGE PARK, FL 32073

SUBJECT: BEN & KIM'S SERVICES LLC

Ref. Number: L18000120948

We have received your document for BEN & KIM'S SERVICES LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

2018 JUN 1 1 5M & 1

Letter Number: 318A00011435

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bent Kims Services (Name of the Limited Liability Compa (A Florida Limited I	LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor .iability Company)	<u>(0x.)</u>
The Articles of Organization for this Limited Liability Company Florida document number 60000120948 .	were filed on $5 15 $	2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		20 <u>20 </u>
		1- R
		A TO THE STATE OF
nter new mailing address, if applicable:		流流 — 「T
Mailing address MAY BE A POST OFFICE BOX)		** ** ***
		10 P
		ुन 👱
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address here 		ds, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ave
	rmer r tortaa street aaar	ras
		lorida
	Ciţy	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 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	Membe

<u>Title</u>	<u>Name</u>	Address # 252	Type of Action
MGR	Benjamin Hailenbruk	141 Old Orange Pack Rd	Add
		141 Old Orange Pack Rd Orange Pack FL 32073	Remove
			Change
			□ Add
			Remove
•			Change
			🗆 Add
			□ Remove
			□ Change
			🗆 Add
			□ Remove
			Change
			□ Add
			Remove 37
			Change
			□ Remove
			Change

: If amending any other information, enter change(s) here: (Attach additional sheets, if	necessary.)
	<u>-</u>
· 	
- 	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:0	s, this date will not be listed as the
The 90th day after the record is filed.	
Dated June 6 . 2018.	
Dated June (e. 2018. Benjamin Hallenbeck Typed or printed name of signee	200
Benin air Halle-here	
Typed or printed name of signee	
	9
Page 3 of 3	

Filing Fee: \$25.00