

# L18000/15094

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ACCOUNTING & TAXES ON TIME INC  
Account Number : I2023000013  
Phone : (954)993-0248  
Fax Number : (954)971-2866

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: benattar.olivier@yahoo.fr

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
OBEN, LLC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

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K. SALY

NOV 26 2024

RECEIVED  
2024 NOV 25 PM 4:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 NOV 25 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** OBEN 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:

OLIVIER BENATTAR

Name of Person

OBEN LLC

Firm/Company

888 BISCAYNE BLVD APT 2509

Address

MIAMI FL 33132

City/State and Zip Code

BENATTAR\_OLIVIER@YAHOO.FR

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLIVIER BENATTAR

Name of Person

305

at ( )

Area Code

303-8841

Daytime 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)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OBEN LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2024 NOV 25 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/12/2018 and assigned  
Florida document number L18000145094.

This amendment is submitted to amend the following:

**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," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(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 registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

City, **Florida**, 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 Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JACQUES BENATTAR	BLVD LEON GAMBETTA	<input type="checkbox"/> Add
		VILLENEUVE LES AVIGNON FR 30400	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	ANA C LIMA DE MATTOS	888 BISCAYNE BLVD UNIT 2509	<input checked="" type="checkbox"/> Add
		MIAMI FL 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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NOV 25 PM 4:00  
TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2024 NOV 28 PM 4:01  
SECURITY FLORIDA  
TALLAHASSEE

FILED

**E. Effective date, if other than the date of filing:** 11/22/2024 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER 22ND 2024

~~CONFIDENTIAL~~

Signature of a member or authorized representative of a member

OLIVIER BENATTAR

Typed or printed name of signee

**Filing Fee: \$25.00**