

48000 175386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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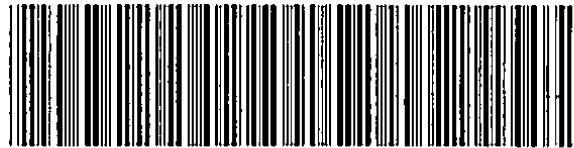
(Business Entity Name)

(Document Number)

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2019 AUG -9 PM 3:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 11 2019
C:

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BENJO FAMILY INVESTMENTS LLC

Name of Limited Liability Company

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AUG -9 PM 3:41

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAROLINA TORRES

Name of Person

KTORRES SERVICES CORP

Firm/Company

600 S FEDERAL HWY STE 207

Address

DEERFIELD BEACH FL 33441

City/State and Zip Code

KTORRES@KTORRESSERVICES.COM

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

For further information concerning this matter, please call:

KAROLINA TORRES

954

3800755

at ()

Name of Person

Area Code

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BENJO FAMILY INVESTMENTS LLC

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

AUG-9 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/20/2018 and assigned
Florida document number L18000175386.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ABC VEINS LLC

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)

22161 CROFTON CT

BOCA RATON FL 33428

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

22161 CROFTON CT

BOCA RATON FL 33428

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:

KTORRES SERVICES CORP

New Registered Office Address:

600 S FEDERAL HWY STE 207

Enter Florida street address

DEERFIELD BEACH

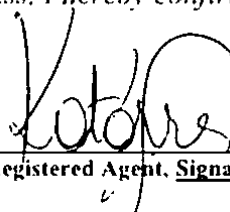
City

Florida 33441

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>
MGR	ELI DJAMENT	22161 CROFTON CT	<input checked="" type="checkbox"/> Add
		BOCA RATON FL 33428	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEXANDRE BENJO	22161 CROFTON CT	<input type="checkbox"/> Add
		BOCA RATON FL 33428	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ZILDA BENJO	22161 CROFTON CT	<input type="checkbox"/> Add
		BOCA RATON FL 33428	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ZAJDN CORP	22161 CROFTON CT	<input checked="" type="checkbox"/> Add
		BOCA RATON FL 33428	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

(b) The 90th day after the record is filed.

Alexander Benio
Signature of a member or authorized representative of a member

Typed or printed name of signee