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(Red	questor's Name)	<u></u>
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COVER LETTER

TO: Registratio Division of	n Section Corporations			
Benstoo SUBJECT:	ek GS1, LLC			
30BJEQ1.	Name of Lin	nited Liability Company		
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.		
Please return all corr	espondence concerning this matter	to the following:		
	Michael Benstock			
		Name of Person		
	12383 Windtree Blvd	Firm/Company		صابت ه سیر، د
	Seminole, FL 33772	Address	1	ئ
	Michaelbenstock@yahoo.co	City/State and Zip Code om		> (= 50
	E-mail address: (to be used for future annual report notifi	cation)	
For further informati	on concerning this matter, please c	all:		
Yael Alpert		917 675-2980		
Na	me of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check t	or the following amount:			
≘ \$25.00 Filing Fe	e □ \$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 cadditional copy is enclosed	
Ma	AILING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Benstock GS1, LEC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) i Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L18000178962</u>	Company were filed on 7/25/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	
		3 1
Enter new mailing address, if applicable:		
(Mailing address MAY_BE_A_POST_OFFICE_BOX)		
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B. If amending the registered agent and/or regis registered agent and/or the new registered office add		nter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	
	City	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager . AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Margot Benstock	12383 Windtree Blvd Seminole, FI, 33772	
			Remove
			Change
AMBR	Michael Benstock as trustee of the Michael Benstock Revocable Trust	12383 Windtree Blvd Seminole, FL 33772	■ Add
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	cifies a delayed e y after the recor		ate, but no	t an effecti	ve time, at	12:01 a.m	. on the earl	lier of
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Filing Fee: \$25.00