L19000076150

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COVER LETTER

TO: Registration Se Division of Cor			
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BENOLIEI Subject:	LLLC		
	Name of Lin	iited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
l Please return all correspo	ondence concerning this matter	to the following:	
 	PAUL BENOLIEL		
		Name of Person	
	BENOLIEL LLC		
		Firm/Company	
	20845 NE 30TH CT		
	<u></u>	Address	
	AVENTURA, FL. 33180		
	· · · · ·	City/State and Zip Code	
	paulbenoliel@hotmail.com		
	E-mail address: (to be used for future annual report no	tification)
For further information co	oncerning this matter, please c	all:	
PAUL BENOLIEL		305 3434766	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S	Section	Street Address: Registration So	
Division of C P.O. Box 632		Division of Co The Centre of	-
Tallahassee, I			oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BENOLIEL LLC					j
(Name of the Lim	ited Liability Compa (A Florida Limited	inv as it now appears on our r Liability Company)	ecords.)		;
The Articles of Organization for this Limited I Florida document number L19000076150	Liability Company	were filed on 08/03/2019	and as	sign ed	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
THE HUMAN SPACES LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L	.L.C."	_
Enter new principal offices address, if appli	cable:	20845 NE 30TH CT			
(Principal office address MUST BE A STRE		AVENTURA FL, 33180		İ	_
		-			_
					_
Enter new mailing address, if applicable:		20845 NE 30TH CT			_
(Mailing address MAY BE A POST OFFICE	BOX)	AVENTURA FL, 33180			_
				 	
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our records, <u>e</u>	nter the name of the ne	<u>w regis</u>	<u>ter</u>
Name of New Registered Agent:	PAUL BENOL	.DEL			
New Registered Office Address:	20845 NE 30T	Н СТ			
New Registered Office Address.		Enter Florida street a	uddress		_
	AVENTURA		, Florida <u>33180</u>		
		City	Zip Code		_
New Registered Agent's Signature, if changing	Registered Agent:	:			
I hereby accept the appointment as register provisions of all statutes relative to the pro accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete sistered agent as	performance of my dutie provided for in Chapter (es, and I am familiar wi 805, F.S. Or, if this doct	th and ument i	

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Part Bundit

GR = N MBR = A	lanager Authorized Member		
itle	<u>Name</u>	Address	Type of Action
	PAUL BENOLIEL	20845 NE 30TH CT. AVENTURA, FL 33180	_□∧dd
			_ □Remove
			_ D t Change
	CAROLINA BENOLIEL	20 <u>845 NE 30TH CT. AVENTURA, FL 33180</u>	<u>)</u> □Add
			_ □Remove
			_ EXChange
			_ □Add
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etive date, if other than the dat effective date is listed, the date must be in this block	specific and cannot be prior to	date of filing or more than 90	(optional) days after filing.) Pursuant to 605.
ment's effective date on the Depar		ne statutory ming requirem	enis, enis date will not be liste
ord specifies a delayed effective da filed.	te, but not an effective tim	e, at 12:01 a.m. on the earl	er of: (b) The 90th day after
February 14th	2021		
··	Karl Buni	-· [./]	
Siar	nature of a member of authori	zed representative of a member	
orgi	and of a member of authori	real representative of a memor	

Filing Fee: \$25.00