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(Requestor's Name)
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COVER LETTER

Divi	sion of Corp	orations				
SUBJECT:	BENIAMING	D DEVELOPERS GROUP I,	LLC			
Name of Limited Liability Company						
The enclosed	Articles of A	mendment and fee(s) are sub-	nitted for filing.			
Please return	all correspon	dence concerning this matter t	o the following:			
		Daniel Alberto Rodriguez				
			Name of Person			
			15. 70			
			Firm/Company			
		5583 NW 72nd Av				
			Address			
		Miami, Florida, 33166				
			City/State and Zip Code	_		
		daniel.rodriguez@verismore				
		E-mail address: (t	to be used for future annual report noti	fication)		
For further in	iformation co	neeming this matter, please ca	all:			
Daniel Alberto Rodriguez		786 9012686				
	Name of	Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a	a check for the	e following amount:				
■ \$25.00 F	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:

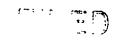
TO:

Registration Section

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



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BENIAMINO DEVELOPERS GROUP I, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our r	ecords.)
(A Fioritia Limited Ci	aomiy Company)	* · · ·
The Articles of Organization for this Limited Liability Company v	vere filed on 07/29/2019	and assigned
	*CIO INCO ON	
Florida document number L19000193235		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
<u>.</u> .		
The new name must be distinguishable and contain the words "Limited Liability	y 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:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
	·	
B. If amending the registered agent and/or registered off	lice address on our re	cords, 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:		
New Registered Office Radioss.	Enter Florida street	address
		Florida
	City	, Florida Zip Code
	Cn)	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree	e 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 duti	es, and I am familiar with and
accept the obligations of my position as registered agent as p	rovided 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 confi	rm that the limited liability
company has been notified in writing of this change.		

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

Title	<u>Name</u>	Address	Type of Action
Mgr	Fernando Monteiro	5583 NW 72nd Av	
		Miami, Florida, 33166	■ Remove
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
			☐ Remove
			☐ Change
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ective date, if other than t	he date of filir	ıg:	Jan of filling on m	opt	ional) - Gling \ Pustuant to	605.02
te: If the date inserted in this	block does not	meet the applica	ble statutory filin	g requirements, th	is date will not be	listed a
ument's effective date on the	Department of	State's records.				
record specifies a delay he 90th day after the r	ed effective ecord is filed	date, but not	an effective t	ime, at 12:01	a.m. on the ea	arlier
October 8		2019		~~7		
	***************************************		10/1/			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00