6/5/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000169443 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TO :			
	Division of Co	rporations	
	Fax Number	: (850)617-6383	
Fro	<b>5</b> m:		$\sim$
	Account Name	: LEGALINC CORPORATE SERVICES INC.	2029
	Account Number	: 120180000011	
	Phone	: (844)386-0178	JU.
	Fax Number	: (214)317-4754	
			င်္က
*Enter	the email address fo:	r this business entity to be used for future	PHI2
ann	ual report mailings.	Enter only one email address please.**	
	• •	· ·	$\sim$
Rma	il Address:		



Help

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·	Γ AMENDMENT ΓΟ	(((H20000169443
	ORGANIZATION OF	2020 JL!! -5 PHI 12: 41
BENCHMARK PAINTING & CARPENTRY OF E		· · ·
(Name of the Limited Liability Cont (A Florida Limite	nany as it now appears on our rece Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Compar	ny were filed on	and assigned
Florida document number L19000202938		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ability company here:	
BSG of FL, LLC		
The new name must be distinguishable and contain the words "Limited Lie	Liling Commence " the designation "	I C" or the alphraviation "L T C "
The new name must be disinguishable and contain the words. Enfined Ele	ionicy company, the designation in	
	onky Company, the designation E	
The new name must be disinguishable and contain the words - Einfied Ere Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new principal offices address, if applicable:		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new principal offices address, if applicable: ( <u>Principal office address MUST BE A STREET ADDRESS)</u> Enter new mailing address, if applicable:		
Enter new principal offices address, if applicable:		

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	tdress
		, Florida Zip Code
	City	λη ζoue

## 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

(((H20000169443 3))) If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added						
or removed	d from our records:	<b>•</b>				
MGR = Manager AMBR = Authorized Member		2020 JU!! -5 PH 12: 41				
Title	Name	Address		- I -	Type of Action	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessarily), |2: |4|

E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_(optional) (If an effective date is listed, the date nuist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(h) (optional) 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. June 4 2020

Simulture of a month

Signature of a member or authorized representative of a member

MARTIN DEVINCENTI

Typed or printed name of signee

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