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SECRETAINY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	BENZER CU	STOM GALLERY, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Stephen M. Stone, Esqu	iire	
		Name of Person	
	Law Offices of Stephen	Address  City/State and Zip Code  Be used for future annual report notification)  Atea Code  Certified Copy (additional copy is enclosed)  Street Address:  Registration Section Division of Corporations The Centre of Tallahassee	
Firm/Company			·
	725 N. Magnolia Avenue	9	
		Address	
	Orlando, FL 32803		
		City/State and Zip Code	
	Stephen@smstonelaw.c		tification)
For further information c	oncerning this matter, please c	·	uncations
Stephen M. Stone, Esc	quire		
Name o	「Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address			ection
Registration Section Division of Corporations			
P.O. Box 632			
Tallahassee, l	FL 32314	2415 N. Monr	oc Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BENZER CUSTO	OM GALLERY, LLC	
(Name of the Limited Liability Compa) (A Florida Limited L	ay as it now appears on our records.)	
he Articles of Organization for this Limited Liability Company lorida document number		and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
BENZER GALLEI	RY, LLC	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		7/2 22
		20 A
		AR AR
nter new mailing address, if applicable:		388 881 2-2
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
New Registered Office Address:	ddress on our records, <u>enter th</u>	e name of the new registe
New Registered Office Address.	Enter Florida street address	
	Flor	ida
,	City , 1 101	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 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>	Address	Type of Action
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ffective date, if other than the d an effective date is listed, the date must l tote: If the date inserted in this bloc ocument's effective date on the Dep	ne specific and cannot be prior to a ck does not meet the applicable	date of filing or more than 90 day		
record specifies a delayed effective lis filed.	date, but not an effective time	, at 12:01 a.m. on the earlier	of: (b) The 90th	day after the
February 26	2020	,		
	/ //// XX			

Filing Fee: \$25.00