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(Requestor's Name)
(Acquester's Hame)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(December 1 November 2)
(Document Number)
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MOVIE ON THE SCHROEDER

COVER LETTER

TO: Registration of	on Section Corporations		
SUBJECT:	Benezza Vo Name of Limit	N EG LLC ted Liability Company	
The enclosed Article	es of Amendment and fee(s) are subm	nitted for tiling.	
Please return all com	respondence concerning this matter t	to the following:	
	Isamara Guar	daluge Barahony Lop Name of Person	92
	Bene	Firm/Company	
	9849 Baywa	address Apr 83.05	
	West Palm B	City/State and Zip Code	
	E-mail address: (10	Baranona Cymait 12 o be used for future annual report not	↑↑ (fication)
For further informat	ion concerning this matter, please ca	II:	
<u> Famur</u> Na	Barahory logiz ume of Person	at (786) 380 - 1 Area Code Daytim	43 64 te Telephone Number
Enclosed is a check	for the following amount:		
3 \$25.00 Filing Fe	ee ☐ \$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:

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

Ве	Mezza Unika LLC			
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears of a Limited Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability (Company were filed on <u>Oct</u>	ob. 1,2019	_ and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:	:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the desig	gnation "LLC" or the abbre	viation "L.I	C."
Enter new principal offices address, if applicable:			 	
(Principal office address MUST BE A STREET ADDI	RESS)	.:		
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Enter new mailing address, if applicable:	-	· · · · · · · · · · · · · · · · · · ·		:
(Mailing address MAY BE A POST OFFICE BOX)			Jen Ex	
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B. If amending the registered agent and/or registered agent and/or the new registered office add		ur records, <u>enter th</u>	e name c	of the ne
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida	street address		
		, Florida		
	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, 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
			
			☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			☐ Ghange-
			Add S
			Change
			□ Remove
			☐ Change
		 	
			Remove
			□ Change

From (AP) Authorized Person to (MGR) Manager.	
	
	
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THE CONTRACTOR OF THE CONTRACT	
	 _. ,
	7.
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00