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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Business Entity Name)
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COVER LETTER

TO:	Registration Sect Division of Corp				*	
SUBJE	ст:	on erk	11:11a	bena co		
5020			Name of Limi	ted Liability Company		
The enc	losed Articles of A	mendment and	i fee(s) are subr	nitted for filing.		
Please r	eturn all correspon	dence concern	ing this matter t	o the following:		
			Pert.	Name of Person	K	
		14	Porc.	Firm/Company	Ø .	
				Firm/Company		
		269	"/ D.'y	rie Co		
		Ki s	3 MM	City/State and Zip Code City/State and Zip Code o be used for future annual re	744.	
			<i>a</i> .	City/State and Zip Code		
			E-mail address: (1	o be used for future annual re	port notification)	·
For furt	her information cor					
_	Testro	lexe.	- -	at (807) 3 Area Code	50-25	56.
	Name of	Person		Area Code	Daytime Telepho	ne Number
Enclose	d is a check for the	following am	ount:			
.\$25	5.00 Filing Fee		ling Fee & ate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Se			<u>Street Add</u> Registrat	I <u>ress:</u> ion Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Bena LCC
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	opears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L 2 00 000 29 738</u> .	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y here:
The new name must be distinguishable and contain the words "Limited Liability 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:	O MAR
Mailing address MAY BE A POST OFFICE BOX)	# N F
B. If amending the registered agent and/or registered office address on or agent and/or the new registered office address here:	ur records, enter the name of the new regist
agent and of the new registered office address nere.	
Name of New Registered Agent:	
Name Descriptoral Coffice Address	
New Registered Office Address: Enter	r Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If ainending 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 Type of Action Address Title Name MOR Hector Casiano 2783 5 Orange Blosson Fail tisciance, 76 34744. __Remove madelin Gonez-Geiano. 2783 5 Oranje DAdd 17/0550 m Trail Kron'mmee, 71 34744 OChange □Remove _____ Change _____ Change _____ _Add ☐ Change

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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date e: If the date inserted in this block does not meet the applicable st ument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at s tiled.	12:01 a.m. on the earlier of: (b) Tho	e 90th day after t
ed 3/2/20.		
Signature of a member or authorized r	e-	