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Division of Corporations

Fax Number : (850)617-6383

From:

: API PROCESSING Account Name Account Number : 120110000069 Phone : (954)567-0013 : (954)567-3401 Fax Number

tenter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: kathy@apiprocessing.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BENZAH DRYER VENT CLEANING, LLC

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Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BENZAH DRYER VENT CL	EANING, LLC
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	filed onJANUARY 27, 2020 and assigned
Florida document numberL20090032073	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
BENZAH VENT CLEANING, LLC	
The new name must be distinguishable and contain the words "Limited Liability Com	spany," 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:	2073
(Mailing address MAY BE A POST OFFICE BOX)	
	. (4)
B. If amending the registered agent and/or registered office address	s on our records, enter the name of the new register
agent and/or the new registered office address here:	<u> </u>
	: -
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
City	

## New Rogistered 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.

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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

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D. If smending	any other information, ent	er change(s) here: (Atlach	additional sheets, if necessary)	
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