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SECRETARY OF STATE,
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COVER LETTER.

то:	Registration Se Division of Cor			
CHRIE	CCT:	BENZE	r international XV	, LLC
20016			ited Liability Company	·
		Amendment and fee(s) are sub		
		Stephen M. Sto	ne, Esquire Name of Person	
Law Offices of S			stephen M. Stone Firm/Company	
		725 N. Magnoli	a Avenue	
			Address	
		Orlando, Florid		
			City/State and Zip Code	
		stephen@smste E-mail address: (onelaw.com to be used for future annual report n	otification)
For fur	ther information co	oncerning this matter, please co		
S		ne, Esquire Person	at (<u>407</u>) <u>423-7</u> Area Code Days	7910
	Name o	Person	Area Code Days	mie Telephone Ponnoci
Enclose	ed is a check for th	ne following amount:		
፟፟፟፟ \$2:	5.00 Filing Fee	□ \$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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section - orporations 7	Street Address: Registration S Division of C The Centre of 2415 N. Mon	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BENZER INTERNATIONAL XV, LLC	r records)			
(Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company)	1100000			
The Articles of Organization for this Limited Liability Company were filed on Febru Florida document number <u>L20000057884</u>	ary 20, 2020 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
BENZER INTERNATIONAL 15, LLC				
The new name must be distinguishable and contain the words "Limited Liability Company," the designation				
	₹5 ⇔			
Enter new principal offices address, if applicable:	20			
(Principal office address MUST BE A STREET ADDRESS)				
	3>7			
	တို့သို့ တ			
Enter new mailing address, if applicable:	055 f			
(Mailing address MAY BE A POST OFFICE BOX)				
	<u> </u>			
B. If amending the registered agent and/or registered office address on our records agent and/or the new registered office address here:	s, enter the name of the new registered			
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida stre	et addr e ss			
	, 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 capace provisions of all statutes relative to the proper and complete performance of my disaccept the obligations of my position as registered agent as provided for in Chapte being filed to merely reflect a change in the registered office address, I hereby concompany has been notified in writing of this change.	ities, and I am familiar with and er 605, F.S. Or, if this document is			

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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
		<u></u>	□Remove
			CAE ARY LAHASSE
			The maye
			DRICE CHARGE
			
			□Remove
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Effective	e date, if other than th	he date of filin	g: <u>Febr</u>	uary 20, 202	0	_ (optional)			20-
Note: If	tive date is listed, the date in the date inserted in this	block does not a	meet the applic	able statutory	or more man 90 a Tling requireme	ents, this date	will not b	e listed	as
documer	it's effective date on the	Department of S	State's records	,					
	specifies a delayed effec	tive date, but no	t an effective t	ime, at 12:01 a	m, on the earlic	er of: (b) The	a 90th day	y after tl	he
ne record									
ord is file	March 12		2020						
	March 12		. <u>2020</u> A	·					

Filing Fee: \$25.00