L2000057884

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COVER LETTER

то:	Registration Se Division of Cor		*	
SUBJ	ECT:	BENZER I	NTERNATIONAL 15, LLC	<u> </u>
3000		Name of Lim	ited Liability Company	
The er	aclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Steph	nen M. Stone, Esquire	
			Name of Person	
		Law (Offices of Stephen M. Ston	e
			Firm/Company	
		725 N	N. Magnolia Avenue	
			Address	
		Orlar	ndo, Florida 32803	
			City/State and Zip Code	
		steph E-mail address: (en@smstonelaw.com	otification)
For fu	rther information c	oncerning this matter, please c	all:	
		Stone, Esquire	at (407) 423-7	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclos	sed is a check for th	he following amount:		
⊠ \$3	25.00 Filing Fec	S30.00 Filing Fee & Certificate 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	Section	Street Address: Registration S	
	Division of C P.O. Box 632	•	Division of Co The Centre of	
	Tallahassee,			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BENZER INTERNATIONAL 15, LLC

CORPORATE STATE	2020 JUL 23 AM 7: 1	7777
4	9	

(A Florida Limited Lim	ability Company)
The Articles of Organization for this Limited Liability Company	were filed on <u>February 20, 2020</u> and assigned
Florida document number <u>L20000057884</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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:	
(Muiling address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

	City	Zip Code
		, Florida
New Registered Office Address:	Enter Florida street oo	idress
Name of New Registered Agent:		

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
<u>MRGM</u>	ARVIND NANDU	11007 Kentmere Court	
		Windermere, Florida 34786	⊠Remove
			Change
<u>MGRM</u>	MONNICA NANDU	11007 Kentmere Court	
		Windermere, Florida 34786	⊠Remove
			Change
AMBR	NIKIL NANDU	11007 Kentmere Court	□Add
		Windermere, Florida 34786	⊠Remove
			Change
	ARVIND NANDU and MONNICA NANDU, as Tenants by the Entireties	11007 Kentmere Court	
		Windermere, Florida 34786	□Remove
			□ Change
			OAdd
			□Remove
			Change
			□Remove
			[]Change

. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
he reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	July 20 .
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Stephen M. Stone, Esquire, authorized representative Typed or printed name of signce

Filing Fee: \$25.00