

L200000 75689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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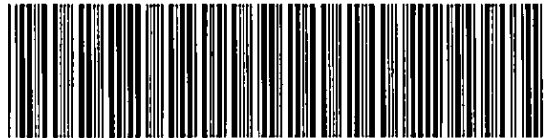
(Business Entity Name)

(Document Number)

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FILED
2020 JUN 19 AM 8:08
JUN 19 2020

AUG 05 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE RABIT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paola Cardenas

Name of Person

Tax Care Orlando

Firm/Company

12701 S John Young Pkwy Ste 216

Address

Orlando, Florida, 32837

City/State and Zip Code

taxcareorlando@taxcareinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paola Cardenas

Name of Person

at (321)

Area Code

284-9341

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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**

BLUE RABIT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2020 JUN 19 AM 8:08

FILED

The Articles of Organization for this Limited Liability Company were filed on 03/12/2020 and assigned Florida document number L20000075689.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BENAN LEGACY LLC

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)

Paola Cardenas

6940 Sea Coral Dr Apt 240

Orlando, FL 32821

Enter new mailing address, if applicable:

(Mailing 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:

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Cecilie Marie Mellet Bisetti</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input checked="" type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>MGRM</u>	<u>Jose Mariano de la Pena Tschudi</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input checked="" type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Paola C Cardenas</u>	<u>6940 Sea Coral Dr Apt. 240</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, Fl 32821 US</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Ana I Cardenas</u>	<u>6940 Sea Coral Dr Apt. 240</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, Fl 32821, US</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There is no handwriting or printed text on the page.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Jose de la Peña T
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00