## L20000143900

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S. ROBERTS

## **COVER LETTER**

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TO:

	ation Secti a of Corpo				
SUBJECT:	BenCC	Farms, LLC			
SOBJEC 1		Name of Lin	nited Liability Company		
The enclosed Art	icles of An	nendment and fee(s) are sub	omitted for filing.		
Please return all	correspond	ence concerning this matter	to the following:		
		Benjamin C. Ol	sen		
			Name of Person		
			Firm/Company		
		633 South Fede	ral Highway, Suit	e 400A	
			Address		
		Fort Lauderdal			
			City/State and Zip Code		
			@gmail.com (to be used for future annual	report notification)	
For further infor	mation con-	cerning this matter, please o	call:		
Gregory C	G. Olser	l	at ()	524-3111	
	Name of P	erson	Area Code	Daytime Telepho	one Number
Enclosed is a cho	eck for the	following amount:			
<b>≱</b> \$25.00 Filin	g Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee a Certified Copy (additional copy is enc		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>: Address:</u> ration Se	ction	<u>Street A</u> Registr	<u>ddress:</u> ation Section	
_		porations	_	n of Corporation	ons
P.O. B	8ox 6327	•	The Ce	ntre of Tallaha	ssec
Tallah	assee, FL	. 32314	2415 N	. Monroe Stree	t. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BenCO Farms, LLC			
(Name of the Limited Liability (A Florida	ty Company as it now appea (Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L20000143900</u>	ompany were filed on	5-27-2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company h	ere:	
BenCO Integrated Systems, LLC			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the c	lesignation "LLC" or the	abbreviation, "L.1C."
Enter new principal offices address, if applicable:			0231
Principal office address MUST BE A STREET ADDR	RESS)		:
			Ç.)
			~;
Enter new mailing address, if applicable:			25
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	-	34
muning quartes mili built jour of 1102 song	<del></del>		
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our i	records, <u>enter the na</u>	ame of the new registe
Name of New Registered Agent:	-	<u></u>	<u> </u>
New Registered Office Address:		· <u>=</u>	
	Enter Flo	orida street address	
		Florida	
	Ciţy		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>	Name	Address	Type of Action
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		<del> </del>	□Remove
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Note: If the dat	if other than the date of is listed, the date must be specific the inserted in this block does active date on the Departmen	not meet the applica	o date of filing or more ble statutory filing r	(optional) than 90 days after filing.) Pe equirements, this date wi	irsuant to 605.0207 If not be listed as t
record specifie d is filed.	es a delayed effective date, bu	t not an effective tir	ne. at 12:01 a.m. on	the earlier of: (b) The 9	Oth day after the
Dated	May l	2023			
	Berto	20_	_·		
	Aighature	of a member or autho	rized representative of	a member	
			Bënjamin C. O.	Lann	

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Filing Fee: \$25.00