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OCT 09 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BENDUO 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:

Alberto Benhamu Chocron

Name of Person

BENDUO LLC

Firm/Company

333 Great River Rd. Apt. 208

Address

Somerville, MA 02145

City/State and Zip Code

benbenzco@gmail.com

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

For further information concerning this matter, please call:

Alberto Benhamu Chocron

857 9197508
at ()

Name of Person

Area Code

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

2021 OCT -4 PM 5:10
TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

BENDUO LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/24/2020 and assigned
Florida document number L20000302345.

This amendment is submitted to amend the following:

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

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)

333 Great River Rd. Apt 208

Somerville, MA 02145

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

333 Great River Rd. Apt 208

Somerville, MA 02145

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>
AMBR	Alys Benzaquen Gabay	520 South Dixie Highway	<input type="checkbox"/> Add
		Suite 335	<input checked="" type="checkbox"/> Remove
		Hallandale Beach, FL 33009	<input type="checkbox"/> Change
AMBR	Alberto Benhamu Chocron	333 Great River Rd.	<input checked="" type="checkbox"/> Add
		Apt. 208	<input type="checkbox"/> Remove
		Somerville, MA 02145	<input type="checkbox"/> Change
AMBR	Mercy Benzaquen Gabay	333 Great River Rd.	<input checked="" type="checkbox"/> Add
		Apt. 208	<input type="checkbox"/> Remove
		Somerville, MA 02145	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2/21 OCT -1, PM
STUDY
FALL 2015

2021 OCT -4, PM 5:10
FALLAHS, J. L. (M)
FALLAHS, J. L. (M)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated September 27th, 2021

~~11/6/18 B~~

Signature of a member or authorized representative of a member

Alberto Benhamu Choeron

Typed or printed name of signee

Filing Fee: \$25.00