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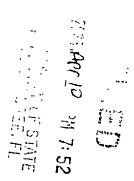
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

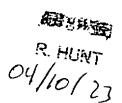




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COVER LETTER

and the state of t

TO:

TO: Registration Section Division of Corporations			
SUBJECT: BEN	JAMMIN HST Name of Lim	Course lile	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DENISĒ BE	ENJAMIN .	
		Name of Person	
		Firm/Company	
	-a. a. Aa.	LAST PUE NOUF	
	5802 MOIRM	LAN PINE DRIVE	
	TAMARAC	FL 333A	
	T . ,	City/State and Zip Code	
	ACINTA (E-mail address: (City/State and Zip Code OC 9 MAIL · COM to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca		
DENUÉ BÉ	, .AAA . A		6212
Name w	Ferson	at (561) 980- Area Code Daytim	e Telephone Number
Enclosed is a check for th	oc following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	№ \$55,00 Filing Fee &	☐ \$60,00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section		Registration Se Division of Cor	
Division of C P.O. Box 632	-	The Centre of T	•
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

(A	r forida Limited Liability Company)		
The Articles of Organization for this Limited Liab Florida document number L200003145		ebruary 21,200	3 and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the BEN JAMMIN HOT SAU The new name must be distinguishable and contain the work	ice LLC		eviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	THE STATE	Apr 10. Fill 7: 52
B. If amending the registered agent and/or reg agent and/or the new registered office address		ecords, <u>enter the name</u>	of the new registered
Name of New Registered Agent: New Registered Office Address:	DENISE PEN 5802 Australian		
	TAMARAC	, Florida	33319 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	<u>Address</u>	Type of Action
MGR	DENISE BENJAMIN	5802 Australian Pine Do	□ Add
		5802 Australian Pine Do Tanacae, FL 33319	□Remove
			Change
MGR THAN.	THANDI FELIX	2228 NOVA VIllage De	<u>···</u> ½ IAdd
		DAVIE, PL	□Remove
			Change
			□Add
		<u> </u>	□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
·	
,	
•	
•	
•	
(If an ef Note:	ive date, if other than the date of filing:
the recordisfi	rd 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	06/26/2023
	Signature of a member or authorized representative of a member
	DEALL SE DEN LAMIN
	Typed or printed name of signed