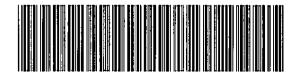
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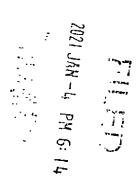
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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	
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## COVER LETTER

TO: Registration Section

Division of Cor	porations		
Benroze, L	LC	•	
SUBJECT:	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter (	to the following:	
	Maud Poudat, Esquire		
		Name of Person	
	Vazquez & Poudat, PLLC		
		Firm/Company	
	1303 N. Orange Ave		
		Address	
	Orlando, FL 32804		
		City/State and Zip Code	
	maud@vpimmigration.com	to be used for future annual report notifi	cation)
For further information	concerning this matter, please co		
Maud Poudat		407 674-6968	
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 Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Benroze, LLC	_			2021 J
(Name of the Limi	ted Liability Compa	ny as it now appears Liability Company)	on our records.)	tion to the same of the same o
The Articles of Organization for this Limited L Florida document number 1.20000374660  This amendment is submitted to amend the foll	iability Company			and assigned
This allered is substituted to allered the form	owing.			
A. If amending name, enter the new name of	f the limited liab	ility company her	<u>e</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	ignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STREE				
Euter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE	<u> BOX)</u>	N/A		
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our rec	ords, <u>eater the</u>	name of the new registere
Name of New Registered Agent:	17/2		<del></del>	<del></del>
New Registered Office Address:	N/A			
		Enter Florid	la street address	
			, Florid	la
New Registered Agent's Signature, if changing	Registered Agent	City		Zip Code
I hereby accept the appointment as register provisions of all statutes relative to the pro	ed agent and agr	- ree to act in this co		

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

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If amending Authorized Person(s) authorized to manage, enter the un	iic' itwii	<u></u>	<u></u>	
If amending Authorized 1 closely,	•			
or removed from our records:				

MGR = Manager AMBR = Authorized Member

Title Name  N/A  N/A	
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filed.						
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Filing Fee: \$25.00

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