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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2021 JAN -4 PM 6:14

FEB 11 2021  
S. YOUNG

**COVER LETTER**

TO: **Registration Section  
Division of Corporations**

SUBJECT: Benroze, 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:

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

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

For further information concerning this matter, please call:

Maud Poudat

407

674-6968

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

*JS*

2021 JUN - 1: 6:14

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

**This amendment is submitted to amend the following:**

N/A

N/A

N/A

N/A

N/A

\_\_\_\_\_, Florida

Civ

Zip Code

**If Changing Registered Agent, Signature of New Registered Agent**

45

If amending Authorized Person(s) authorized to manage, enter the title, name, and address  
or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

*JG*

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Please ammend the name of AMBR: Lena Glavinovitch to Lena Glavinovich

[illegible]

E. Effective date, if other than the date of filing: 11/30/2020 (optional)

(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 December 28<sup>th</sup>, 2020

*Jana Klainovic*  
Signature of a member or

Signature of a member or authorized representative of a member

LENA GLAVINOVICH

Typed or printed name of signee

**Filing Fee: \$25.00**