

L21000082309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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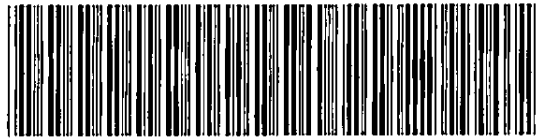
(Business Entity Name)

(Document Number)

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R. HUNT

03/14/23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ACCOUNT AND TECHNOLOGY 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:

MABEL SAMUELS CRESPO

Name of Person

ACCOUNT AND TECHNOLOGY LLC

Firm/Company

4110 Center Pointe Dr STE 216

Address

Fort Myers FL, 33916

City/State and Zip Code

tottuuhg@gmail.com

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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CORPORATE
DIVISION

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

ACCOUNT AND TECHNOLOGY 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 02/25/2021 and assigned
Florida document number L21000082309.

This amendment is submitted to amend the following:

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

BENDEI SDN LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 | DESAME HG LLC | 1309 coffeen ave | <input checked="" type="checkbox"/> Add |
| | | STE 1200 | <input type="checkbox"/> Remove |
| | | Sheridan, WY 82801 | <input type="checkbox"/> Change |
| AMBR | DEMEPRO LLC | 1405 Dewar Dr. | <input checked="" type="checkbox"/> Add |
| | | #1275 | <input type="checkbox"/> Remove |
| | | Rock Springs, WY 82901 | <input type="checkbox"/> Change |
| AMBR | MABEL SAMUELS CRESPO | 4110 Center Pointe Dr | <input type="checkbox"/> Add |
| | | STE 216 | <input checked="" type="checkbox"/> Remove |
| | | Ft Myers, FL 33916 | <input type="checkbox"/> Change |
| President | Roa, Freddy A | 4110 Center Pointe Dr | <input type="checkbox"/> Add |
| | | STE 216 | <input checked="" type="checkbox"/> Remove |
| | | Fort Myers, FL 33916 | <input type="checkbox"/> Change |
| MRG | JEAN DELFIN | 5440 N State Road 7 | <input checked="" type="checkbox"/> Add |
| | | Ste 215 PMB 1006 | <input type="checkbox"/> Remove |
| | | Fort Lauderdale, FL 33319 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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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.

Dated 3/8/2023

MAREL SAMUELS CRESPO

Typed or printed name of signee

Filing Fee: \$25.00