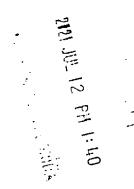


(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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07/12/21--01029--009 **25.08



COVER LETTER

TO;	Registration Se Division of Cor							
SUBJEC		O HOLDINGS, LLC	·					
SOBILA	-li	Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fec(s) are sub	mitted for filing.					
Please ro	eturn all correspo	ndence concerning this matter	to the following:					
			Humberto Bencomo					
			Name of Person					
			Firm/Company					
			15448 SW 36 Terrace					
			Address					
			Miami, FL 33185					
			City/State and Zip Code					
		E-mail address: (humberto.b@aol.com to be used for future annual report not	itication)				
For furth	er information co	oncerning this matter, please c	all:					
	Humbert	o Bencomo	305 491-0991					
	Name of	Person	Area Code Daytin	ne Telephone Number				
Enclosed	l is a check for th	e following amount:						
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Address	s:	Street Address:					

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BENCOMO HOLD	DINGS, LLC
(Name of the Limited Liability Company a (A Florida Limited Liabil	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company were florida document number 1.21000114470	re filed on March 10, 2021 and assign
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
he new name must be distinguishable and contain the words "Limited Liability C	ompany," 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) ———————————————————————————————————	2.51 JUL 2
 If amending the registered agent and/or registered office address here: 	ress on our records, enter the name of the new re
Name of New Registered Agent:	<u> </u>
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 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>	Type of Action
MGR	Humberto Bencomo	15448 SW 36 Terrace, Miami, FL 33185	≣ Add
			□Remove
			□Change
			□Add
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ffective date, if other than the date of filing:	(optional)
	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 opticable statutory filing requirements, this date will not be listed a
ocument's effective date on the Department of State's reco	
record specifies a delayed effective date, but not an effecti lis filed.	ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
July 8th 2021	
ated	·

Filing Fee: \$25.00

Typed or printed name of signee