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(Re	questor's Name)	
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PICK-UP	MAIT WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

TO: Registration Se Division of Co			
LNB CAPI	TAL LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	David Benichou		
		Name of Person	
	LNB CAPITAL LLC		
	<u></u>	Firm/Company	
	20505 E COUNTRY CLU	B DR	
		Address	.
	AVENTURA / FLORIDA	33180	~ ⊹
		City/State and Zip Code	2 \$1
	Davidbenichou1@gmail.com		
For further information c	E-mail address: (concerning this matter, please ca	to be used for future annual report noti all:	22 SEP 14 AM
David Benichou		646 705-99-80 at ()	22 SEP 14 AM 9: 58
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	27	The Centre of T	allahassee
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Compa A Florida Limited I	ny as <u>it now appears on our re</u> Liability Company)	cords.)			
The Articles of Organization for this Limited Lic Florida document number <u>L2 1000 143</u>		were filed on <u>0313</u>	<u>0 2024</u> an	d assi	gned	
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
DAVID BENICHOU LLC						
The new name must be distinguishable and contain the we	ords "Limited Liabil	lity Company." the designation	"LLC" or the abbreviation	หา "Ll	"C."	
Enter new principal offices address, if applica	ble:	20505 E COUNTRY CLU	B DR #537			
(Principal office address MUST BE A STREET	(ADDRESS)	AVENTURA / FLORIDA 33180				
				22	Š	
		· · · · · · · · · · · · · · · · · · ·	· • · · · · · · · · · · · · · · · · · ·	SE	-77-, -	
Patan and mailing address if applicable.		20505 E COUNTRY CLU	B DR #537	-	93.	
Enter new mailing address, if applicable:	* < > 3 ()	AVENTURA / FLORIDA	33180	- 		
(Mailing address MAY BE A POST OFFICE E	<u>30X)</u>				<u> </u>	
		· 	<u></u>	9	- <u>5-2</u>	
				∞	₹	
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records, <u>er</u>	iter the name of th	<u>e new</u>	registered	
Name of New Registered Agent:	DAVID BENIC	HOU				
New Registered Office Address:	20505 E COUN	CTRY CLUB DR #537				
New Negistered Office Address.	Enter Florida street address					
	AVENTURA		Florida <u>33180</u> _			
	_	Cim	Zip (inle		
New Registered Agent's Signature, if changing R	egistered Agent:					
Thereby accept the appointment as registered			I further agree to c	comp	ly 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			Add AVISION
			E hange:
			25 √qq ²
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

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