## L21000168976

(Requ	estor's Name)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Docu	ment Number)	
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A. FINTLER APR 0 7 2022

## **COVER LETTER**

TO: Registration Sect Division of Corpo		. 4	
CHD IECT.	FI:B	LLC	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	£1:9	S Bens, Mon	
		Name of Person	
	Eli B	Firm Company	
	<u> 520 SI</u>	Address	
		Address	
	Hallandale	F 1 33009 City/State and Zip Code	
		•	
	E-mail address: (to	o be used for future innual report note	fication)
For further information con	cerning this matter, please ca	U:	
- Elias B	ensimon_		6130
Name of F	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	following amount:		
<b>☼</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
25 223.00 Filing 1 00	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Se Division of Co		Registration Sec Division of Cor	
P.O. Box 6327	. P. S. Larry III	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF TLED

EII B L.L. C 2022 HAR 21 AM 6:06
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) SECRETARY OF STATE TALLAHASSEE, FI.
The Articles of Organization for this Limited Liability Company were filed on April 12 2021 and assigned
Florida document number 17100068976.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Elias H Bensimon L.L.C
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, <u>enter the name of the new registered agent and/or the new registered office address here</u> :
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>	Address	Type of Action
			□Remove
			□Change
			□Add
		□Remove	
			□Change
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fan efi <u>Note:</u>	ive date, if other than the date of filing:
recor d is fi	d 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 led.
Dated	March 11 7020.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00