

L21000187244

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : WHOLE TAX PROFESSIONAL SERVICES, INC.
Account Number : I20200000179
Phone : (786)253-9951
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: wholetax@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BENDECK DOCUMENT CONSULTANTS LLC

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H 21 000 408077

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BENDECK DOCUMENT CONSULTANTS 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 04/22/2021 and assigned
Florida document number 1.21000187244

This amendment is submitted to amend the following:

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

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:

MARGINE BENDECK

New Registered Office Address:

2695 SW 18TH ST APT 202

Enter Florida street address

MIAMI

Florida 33145

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.

MARGE

If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION

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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	ALLISON C HERNANDEZ	2695 SW 18TH ST APT 202	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33145-2444	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARGINE BENDECK	2695 SW 18TH ST APT 202	<input type="checkbox"/> Add
		MIAMI, FL 33145-2444	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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DIVISION OF CORRECTIONS
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Typed or printed name of signee