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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations				
CUDIFOT	Benus Busii	ness Supply LLC				
SUBJECT:		_				
The enclosed	l Articles of a	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		Israel Beato				
			Name of Person			
		Beato Pimentel & Associa	ites P.A.			
			Firm/Company	 	 -	
		8250 Nw 25th Street Unit	I		2021.1 SECT	- 17
			Address		TES .	
		Doral, FL 33122			AUG -4 PH 2	
		laura@bpatax.com	City/State and Zip Code	_	2821 AUG -4 PM 2: 09 SECRETAN OF STATE TALLAN SEE, FL	C
			to be used for future annual report no	tification)	O9	
For further in	iformation co	oncerning this matter, please c	all:			
Israel Beato			305 994-7276 at ()			
-	Name of	Person		ne Telephone Num	ber	
Enclosed is a	check for the	e following amount:				
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif Certif	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)	
Mailing Address: Registration Section			Street Address: Registration Se			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

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

Daniel Decisions Communicated

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Around Benus LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Line Florida Tap Code	(<u>Name of the Limited Liability Comp</u> (A Florida Limited	nany as it now appears on our records Liability Company)	<u>.</u>)
Around Benus LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Muiling 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 register and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Lip Code	The Articles of Organization for this Limited Liability Compan Florida document number <u>L21000212811</u> .	y were filed on <u>05/06/2021</u>	and assigned
Around Benus LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Florida Zip Code	This amendment is submitted to amend the following:		
Enter new mailing address, if applicable: Company." the designation "LLC" or the abbreviation "LLC."	A. If amending name, enter the new name of the limited lia	bility company here:	
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Muiling 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 and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida	Around Benus LLC		
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 address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Tip Code	The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC"	or the abbreviation "L.L.C."
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 address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City: Zip Code	Enter new principal offices address, if applicable:		<u> </u>
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 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	(Principal office address MUST BE A STREET ADDRESS)		21 27
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 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			
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 address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code			S .
Muiling address MAY BE A POST OFFICE BOX) 3. 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	C-4		,,(_,
Solution Solution			
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:	(Mailing address MAY BE A POST OFFICE BOX)		- 73 - 0
Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code			m W
New Registered Office Address: Enter Florida street address Florida City Zip Code	agent and/or the new registered office address here:	e address on our records, <u>enter (</u>	the name of the new regi
Enter Florida street address , Florida City Zip Code			
, Florida	New Registered Office Address:	Enter Florida street address	·
City Zip Code		APPENDITUTION STREET MINITESS	
•			
New Registered Agent's Signature, if changing Registered Agent:		·	Zip Code

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>	Name	Address	Type of Action
			
			□Remove
			□ Change
			□Add
			202FAUC SECRE
			Chalve
			202 FAUG -UP PH 2 09 FATE SECRETARY SEE FL
			⊔Remove
			🗆 Change
			· □ Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing:

(If an effective date is listed, the date coust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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. If the record 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 record is filed. Dated July 23rd 2/021

Typed or printed name of signee

Mahily Barberi - Managing Member