L2100025057L





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COVER LETTER

TO:

Registration Section

| Division of Co | orporations | | | | | | | |
|--|--|---|--|--|--|--|--|--|
| CHD ICCT. | . BENCITOS | LLC | | | | | | |
| SUBJECT: BENCTIOS LLC Name of Limited Liability Company | | | | | | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | omitted for filing. | | | | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | | | | |
| | | RICARDO RESINO | · | | | | | |
| | | Name of Person | | | | | | |
| | | Firm/Company | | | | | | |
| | 8004 NW 154 STREET #117 | | | | | | | |
| | Address | | | | | | | |
| | | MIAMI LAKES, FL 33016 | | | | | | |
| | | City/State and Zip Code | | | | | | |
| | E mail addrace t | RICUSAR@GMAIL.COM to be used for future annual report no | titication) | | | | | |
| For further information | concerning this matter, please c | • | | | | | | |
| RICARDO | O RESINO | at (<u>305</u>) <u>300-0</u> | 597 | | | | | |
| Name of Person | | | ne Telephone Number | | | | | |
| Enclosed is a check for | the 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) | | | | | |
| Mailing Addre Registration | | <u>Street Address:</u> Registration So | ection | | | | | |
| Registration Section Division of Corporations | | Division of Corporations | | | | | | |
| P.O. Box 63 Tallahassee. | | The Centre of | Tallahassee oe Street, Suite 810 | | | | | |
| rananassee. | 1 レンシントマ | ZHIJ IN. MIQIII | or outer, outer ord | | | | | |

Tallahassee, FL 32303

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TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BENG | CITOS LLC | | |
|--|--|----------------------------|--------------------------|
| (Name of the Limited | d Liability Company as it now appear A Florida Limited Liability Company) | s on our records.) | |
| | virional chimea classify company, | | |
| The Articles of Organization for this Limited Lia | bility Company were filed on | 05/28/2021 | and assigned |
| Florida document number <u>L21000250576</u> | | | |
| This amendment is submitted to amend the follow | ving: | | |
| A. If amending name, enter the new name of t | the limited liability company he | <u>re</u> : | |
| | | | 2021 |
| The new name must be distinguishable and contain the wo- | rds "Limited Liability Company," the de | esignation "LLC" or the ab | breviation "L.L.C." |
| | | | |
| Enter new principal offices address, if applical | ble: | | |
| (Principal office address MUST BE A STREET | ADDRESS) | | |
| | | <u> </u> | |
| | | | |
| | | | . ଫ |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE B | <u> </u> | | |
| | | | |
| | | | |
| B. If amending the registered agent and/or reg | gistered office address on our re | cords, enter the nam | e of the new register |
| agent and/or the new registered office address | •* | <u> </u> | e, wi the trewit egister |
| | | | |
| CN D : 1 | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Flori | da street address | |
| | | F21 * 1 | |
| | City | , Florida | Zip Code |
| | , | | ing course) |
| New Registered Agent's Signature, if changing Re | gistered 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.

DocuSign Envelope ID: 0628C465-33C4-48A3-8893-460F8E0F19F7 in amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------------|-------------------------|--|
| AMBR | Martin Mario Voltes | 8004 NW 154 STREET #117 | ∐Add |
| | | MIAMI LAKES, FL 33016 | Remove |
| | | | □Change |
| | | | |
| | | | Add Remove |
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| fective dat | e, if other than the | date of filir | ng: | | , | (optio | nal) | | |
| ote: If the d | late inserted in this bl | ock does not | meet the appl | licable statuto | | | | | |
| neument's ef | Tective date on the D | epartment of | State's record | is. | | | | | 1 |
| record specie | lies a delayed effectiv | e date that no | nt an effective | time at 12:0 | lam on the e | arlier of: (b) | The 90 | th day after | - |
| is filed. | | | | | | | | , | |
| | | | 2021 | , | | | | | |
| ated | JUNE 14 | | . 2021 | At 1 | | | | | |
| | | | 19 | | | | | | |
| | | | member of au | | | | | | |