

L21000250576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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2021 JUN 17 PM 12:15

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BENCITOS LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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

RICUSAR@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICARDO RESINO

Name of Person

at ( 305 )

Area Code

300-0597

Daytime 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

| Title | Name                | Address                 | Type of Action                          |
|-------|---------------------|-------------------------|---|
| AMBR  | Martin Mario Voltes | 8004 NW 154 STREET #117 | <input checked="" type="checkbox"/> Add |
|       |                     | MIAMI LAKES, FL 33016   | <input type="checkbox"/> Remove         |
|       |                     |                         | <input type="checkbox"/> Change         |
|       |                     |                         | <input type="checkbox"/> Add            |
|       |                     |                         | <input type="checkbox"/> Remove         |
|       |                     |                         | <input type="checkbox"/> Change         |
|       |                     |                         | <input type="checkbox"/> Add            |
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|       |                     |                         | <input type="checkbox"/> Change         |

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(t)

**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 JUNE 14, 2021

Signature of a member or authorized representative of a member

RICARDO RESINO

Typed or printed name of signee