

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: An amendment to change entity name of Limited Liability Company

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:

Benwilliam Ducenord

Name of Person

Firm

Firm/Company

248 NW 9th AVE

Address

Delray Beach Florida, 33444

City/State and Zip Code

bennytheking 307@gmail.com

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

2025 MAR 16 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Benwilliam Ducenord

561 542-8657
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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

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

BENNY KING STORE & SERVICES LIMITED LIABILITY COMPANY

(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 06/07/2021 and assigned Florida document number L21000262758.

This amendment is submitted to amend the following:

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

BENMIODKING SERVICES LIMITED LIABILITY COMPANY

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)

248 NW 9TH AVE DELRAY BEACH FLORIDA 33444

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: BENWILLIAM DUCENORD

New Registered Office Address: 248 NW 9TH AVE

Enter Florida street address

DELRAY BEACH Florida 33444

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.



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>	<u>Address</u>	<u>Type of Action</u>
AMBR	BENWILLIAM DUCENORD	248 NW 9TH AVE DELRAY BEACH FL 33444	<input checked="" type="checkbox"/> Add
			<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

SECRETARY'S OFFICE
1025 HILLYER AVE
FALLS CHURCH, VA 22046
TEL: 703-441-1100
FAX: 703-441-1101
10/25/16 PM 10:00

