## L23000003940

(Requestor	s Name)
(Address)	
(Address)	
(Address)	<del></del>
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
	<u> </u>
(Business E	Entity Name)
(Document	Number)
Certified Copies	Certificates of Status
Special Instructions to Filing Office	
Special instructions to Filing Onk	,e1.





500379900205

2022 JAN 18 PM 2: 07

C. BRUMBLEY SO SO JAN 19 2022

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 1/18/2022

NAME: BENJAMIN PROPERTY LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BENJAMIN PROPERTY, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records,) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 1/03/2022	and assigned
Florida document number L22000003940	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
BENJAMIN PROPERTIES, LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDR	ESS)	
		20.
		72 ,
		F 71
Enter new mailing address, if applicable:		8
(Mailing address MAY BE A POST OFFICE BOX)		and <b>a</b> nd the management of t
		9 0
		$r \simeq \omega$
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter th	e name of the now registered
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	da
	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.

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
	<del></del>		□ Add
			□Rcmove
			□Change
			□ Add
			□Remove
			Change
	····		□Add
			□Remove
			□Change
<u>_</u>			□Add
			□Change
			Петоvе
			□ Add
		<del></del> -	□Remove
			∏Change

-	
•	
•	
•	
-	
	_
•	
•	
-	
-	
-	
_	
-	
ın efl	ive date, if other than the date of filing:
ote:	
ote: ocum	d 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
ote: ocum ecor is fi	d 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 led.
ocum recor	d 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 led.
ote: ocum recor is fi	d 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 led.  JANUARY 18  2022
ote: ocum recor is fi	d 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 led.

Filing Fee: \$25.00