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COVER LETTER

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SURTECT	Benjamin's	Balm Beach County Investmen	nts LLC	4
, constant	· ·	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	irn all correspo	ondence concerning this matter	to the following:	
		Michael Dempsey		
			Name of Person	
		ZenBusiness Inc.		
			Firm/Company	
		5511 Parkerest Drive Suite	103	
			Address	
		Austin, Texas, 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.co		<u></u>
For further	information c	n-mail address: (oncerning this matter, please ca	to be used for future annual report noti all:	neation)
		enBusiness Inc.	844 493-6249	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed i	s a check for th	ne 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

22 J. 11 27 PH 1: 33

Benjamin's Palm Beach County Investments LLC (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 $\frac{2022-01}{2}$ -04 and assigned Florida document number 1.22000011256 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 825 Cinnamon Road Enter new principal offices address, if applicable: North Palm Beach, FL 33408-4109 (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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

_, Florida ___

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>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			Remove
		□Char	□Change
			□Add
			Remove
			□Change
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			□Add
		□Remove	
			□Change

/s/ Kushtrim Avd	yli			
Dated January 25				
record specifies a delayed effecti d is filed.			. on the earlier of: (b) The 90th day after the
Iffective date, if other than the an effective date is listed, the date me Note: If the date inserted in this belocument's effective date on the I	ist be specific and cannot be lock does not meet the a	applicable statutory fil		filing.) Pursuant to 605.020
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Filing Fee: \$25.00