## L22000 112441

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



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SEURE RAIN OF STATE
TALLAHASSEE, FL

2022 JUN -2 AM II: 43

## **COVER LETTER**

Tallahassee, FL 32314

| TO: Registration Se<br>Division of Con |   |   |   |
|--|---|---|---|
| BodBen He                              | oldings LLC                                     |   |   |
| SUBJECT:                               | Name of Lim                                     | ited Liability Company  | <del></del>   |
| The enclosed Articles of               | Amendment and fee(s) are sub                    | mitted for filing.  |   |
| Please return all correspo             | ondence concerning this matter                  | to the following:   |   |
|  | Colette Perry                                   |   |   |
|  |   | Name of Person  |   |
|  | Accounting Plus Inc                             |   |   |
|  |   | Firm/Company  |   |
|  | 362 Riola Place                                 |   |   |
|  |   | Address   | <del></del>   |
|  | Pensacola, FL 32506                             |   |   |
|  |   | City/State and Zip Code   |   |
|  | cperry@accountingplusserv                       | rices.com to be used for future annual report notif                 | ·   |
| For further information of             | concerning this matter, please c                | •   | icanony   |
| Colette Perry                          |   | 850 291-7607<br>at ()   |   |
| Name c                                 | of Person                                       | Area Code Daytime   | : Telephone Number  |
| Enclosed is a check for t              | he following amount:                            |   |   |
| ■ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addre                          |   | Street Address:   |   |
| Registration Division of C             |   | Registration Sec<br>Division of Cor                                 |   |
| P.O. Box 632                           | •   | The Centre of T   |   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN - 2 AM 11: 43

BodBen Holdings LLC

SELEC SELECTION TO SELECTION OF THE LIMIT COMPANY AS IT NOW APPEARS ON OUR records LAHASSEE, FL (A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company   | were filed on $\frac{3/4/22}{}$ and assigned                     |
|---|--|
| Florida document number L22000112441  |  |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liabi  | lity company here:   |
| The new name must be distinguishable and contain the words "Limited Liabili   | ity 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)   |  |
|   |  |
| Enter new mailing address, if applicable:   |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |
|   |  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, enter the name of the new registered      |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  |  |
|   | Enter Florida street address                                     |
|   | , Florida  |
| New Registered Agent's Signature if changing Registered Agent   | 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> | <u>Name</u>                    | Address                      | Type of Action |
|--------------|--------------------------------|------------------------------|----------------|
| AMBR         | Carlos A Bodden                | 1880 North Congress Ave #401 | □Add           |
|              |                                | Boynton Beach, FL 33426      | ≅Remove        |
|              |                                |                              | □Change        |
| AMBR         | William David Bennett          | 1880 North Congress Ave #401 |                |
|              |                                | Boynton Beach, FL 33426      | ■Remove        |
|              |                                |                              | □Change        |
| MGR          | CAB II LLC                     | 10561 Versailles BLVD        | 🖺 Add          |
|              |                                | Wellington, FL 33449         | □ Remove       |
|              |                                |                              | Change         |
| MGR          | Bennett & Company Holdings LLC | 1880 North Congress Ave #401 |                |
|              |                                | Boynton Beach, FL 33426      | □Remove        |
|              |                                | <del></del>                  | ☐Change        |
|              |                                |                              | □Add           |
|              |                                |                              | □ Remove       |
|              |                                |                              | Change         |
|              |                                |                              | □Add           |
|              |                                |                              | Remove         |
|              |                                |                              | □Change        |

|   | SEC.  |                              |
|---|---|------------------------------|
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|   | —;r^n ;   | <br>                         |
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|   |   | <del></del>                  |
| Iffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 elements. If the date inserted in this block does not meet the applicable statutory filing requirem locument's effective date on the Department of State's records. | (optional)<br>days after filing.) Pursuant<br>tents, this date will not | t to 605,020<br>be listed as |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli  | ier of: (b) The 90th da   | ay after the                 |
| ated April 8 2022   |   |                              |
|   |   |                              |
| Signature of a member or authorized representative of a member  | <u>.                                    </u>                            |                              |

Filing Fee: \$25.00