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(Re	questor's Name)	
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COVER LETTER

TO: Registration S Division of Co					
TonyBen,	LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
	Hector Benavides				
		Name of Person	 -		
	TonyBen, LLC				
		Firm/Company			
	298 Lake Vista Drive				
		Address			
	Auburndale, FL 33823				
	- 1 6. 1 11	City/State and Zip Code			
	tonyben@tonybenm14.com				
		to be used for future annual report notification)			
	concerning this matter, please c		, -		
Hector Benavides		503 442-5273			
Name	of Person	at ()	one 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 Addre		Street Address:			
Registration Division of 0		Registration Section Division of Corporatio	ne		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TonyBen, 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 June 01, 2022 and assigned Florida document number 1.22000251110 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." 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 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
MGR	Hector Benavides	298 Lake Vista Drive, Auburndale, FL 33823	
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			□Remove
			□Change
			🗀 Add
			□Remove
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ffective date, if other than t an effective date is listed, the date	t he date of fil must be specific	ling:and cannot be prior	to date of filing or	more than 90 days af	etional) fer filing.) Pursuant to 605.	0207
lote: If the date inserted in this ocument's effective date on the	s block does no	ot meet the applic	able statutory fili	ing requirements, t	his date will not be liste	d as
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record specifies a delayed effect is filed.	ctive date, but i	not an effective ti	ime, at 12:01 a.m	on the earlier of:	(b) The 90th day after	the
1.1.07		2022				
July 06			·			
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ated		f a member or autho	_			