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Special Instructions to Fi	ling Officer:	

Office Use Only



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2022 OCT 18 PH 2: 03
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Cor			•		
BEN POR	AT, LLC				
SUBJECT:	Name of Lin	sited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
	ondence concerning this matter	•			
	LESLIE ROBERT EVAN	S, ESQUIRE			
	<del></del>	Name of Person			
	EVANS LAW				
		Firm/Company			
	2300 NW CORPORATE	BLVD. #215			
		Address		202 SE	
	WEST PALM BEACH, F	L 33431		2022 OCT 18 SECRETAR' TALLAHA	
		City/State and Zip Code		AAA	**** ****
	EVANS@LREVANSPA.C				75.00
		to be used for future annual report notific	:ation)	PH 2	52.2
For further information c	oncerning this matter, please c	all:		PM 2: 03 OF STATE SSEE, FL	
LESLIE R. EVANS, ES	QUIRE	561 832-8288		' Ε΄ ω	
Name o	f Person		Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
<u>Mailing Addres</u> Registration S		Street Address: Registration Sect	ion		
Division of C		Division of Com			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

BEN PORAT, LLC		
( <u>Name of the Limited Liabilit</u> (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 08/31/2022	and assigned
Florida document number 1.22000383177	<u>_</u> .	-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	led Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		205
(Principal office address MUST BE A STREET ADDR.	ESS)	77CF 00 "T
		五次 <b>6</b>
Enter new mailing address, if applicable:		30 P
(Mailing address MAY BE A POST OFFICE BOX)		in'o 12
		PATE 03
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	T
	Cuò.	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 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>	Address	Type of Action
MGR	ELIBUZAGLO AS TRUSTEE OF THE ELI BUZAGLO REVOCABLE TRUST UAD APRIL 1, 2019	22272 ALYSSUM WAY, BOCA RATON, FL 3343	3 <b>∃</b> Add
	AFRIL 1, 2019		□Remove
			CiChange
MGR	ELI BUZAGLO	22272 ALYSSUM WAY, BOCA RATON, FL 3343.	3 ⊡Add
		·	<b>⊆</b> Remove
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Signature of a member or surherized representative of a plamber		
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	Signature of a member or authorized representative of a member	·
	ELI BUZAGLO. AS TRUSTEE OF THE ELI BUZAGLO REVOCABLE TRUST UAD  Typed or printed name of signee	

Filing Fee: \$25.00