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TO: Registration Section Division of Corporations

The Bench Market LLC SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zach Bradshaw Name of Person The Bench Market LLC Firm/Company 3268 NE 49th Ct. Apt 2 Address Silver Springs / Florida 34488  $\sim$ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zach Bradshaw at (864) 993-2499 Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 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)

<u>Mailing Address:</u> 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 A T( ARTICLES OF O OI	) RGANIZATION	
(Name of the Limited Liability Company (A Florida Limited Liability Company)	ef LLC by as it now appears on our records.) rability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L22000436464</u>	were tiled on <u>10/10/2</u>	022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u> Bradshau Remodelina L		
Bradshaw Remodeling L. The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/4	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new meiling address if englischla	A / / A	•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	 . :
And think dualess MAL DE A LOST OFFICE DOAL		10 10
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new <u>registered</u>
Name of New Registered Agent:	NIA	
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.

M/A 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 = M $AMBR = A$	lanager .uthorized Member	NIA	
<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			□ Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) -Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 05 /09 / 2024

Signature of a member or authorized representative of a member

Zach Bradshaw Typed or printed name of signee