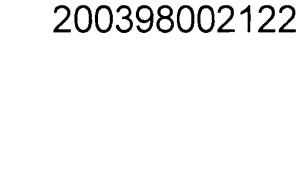
## L22000440187

(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:



11/21/22--01033--016 \*+25.0

SECRETARY OF STATE
TALLAHASSEE, FI

Office Use Only

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: _	Ben	decidos		Bend imited Liability		w		
The enclosed A	rticles of a	Amendment and	d fee(s) are st	ubmitted for f	iling.			
Please return al	l correspo	ndence concern	ing this matte	er to the follo	wing:			
			John	Pineros	S e of Person			
		<u> </u>	dusive	Homes	Peal! (Company	y		
		5425	Gold	den G	ate PV	SWY	#4	
			Napl	es, FL City/State	3411( and Zip Code	0		
			hn piner E-mail address:	os 21@	gmail.	COM	S	
For further info	rmation co				r ruture annua	i report non	neation)	
	John	Pineros		at (	<b>90%</b> )_	296	4430	
	Name of	Person		,	Area Code	Daytim	e Telephone Number	
Enclosed is a ch	neck for th	e following am	ount:					
▼ \$25.00 Fili	ng Fee	S30.00 Fi Certifica	ling Fee & ate of Status	Cert	00 Filing Fee ified Copy tional copy is en		Certified C	of Status &
Regis Divis P.O. I	Box 632	ection orporations			Division The Co 2415 N	ration Secon of Cor entre of T	porations 'allahassee e Street, Suite 81	0

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Pava Bendec				
(Name of the Limit	ed Liability Company as it (A Florida Limited Liability	t now appears on o v Company)	ur records.)		
The Articles of Organization for this Limited Li	ability Company were	filed on\O_	13/2022	and assig	gned
Florida document number' <u>L22DDD44</u>	0187				
This amendment is submitted to amend the follo	owing:				Jan 22 NOV   21   AM 11:   50
A. If amending name, enter the new name of	the limited liability co	ompany here:			
The new name must be distinguishable and contain the w	ords "Limited Liability Con	npany," the designat	tion "LLC" or the abl	previation "L.L	
Enter new principal offices address, if application	able:			<u> </u>	22 <del> </del>
(Principal office address MUST BE A STREE	T ADDRESS)		•		0V 2 I
				TS OF	AHI
Enter new mailing address, if applicable:				- 1 D	<del></del>
(Mailing address MAY BE A POST OFFICE I	<u></u>	<del></del>			0
B. If amending the registered agent and/or reagent and/or the new registered office addres	2,7	ss on our record	s, enter the name	e of the new	regist
Name of New Registered Agent:	Nedev	Aguilar			
New Registered Office Address:		Enter Florida str	eet address		
			, Florida		
	C	ity		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 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 a or removed from our records:

MGR = Manager AMBR.= Authorized Member

<u>Title</u>	Name	Address	Type of Actio
MGR	John Pineros	5425 Golden Gode PKWY	□Add
		Naples FL 34116	Kemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		·	□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

<u> </u>	
_	
_	
<u></u>	······································
<u></u>	<del></del>
	<u> </u>
	<del></del>
	<del></del>
Note: 11	te date, if other than the date of filing:
f the record record is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft d.
Dated _	11/14/22
	Signature of a member or authorized representative of a member
	Weder Aguilar  Upped or printed name of signee

Filing Fee: \$25.00