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(Re	equestor's Name)	.
(Ac	idress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Ďo	ocument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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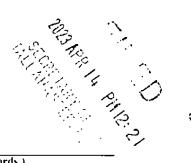
COVER LETTER

TO:

TO: Registration Division of C				
	HUNG LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	BARRY KATZ			
		Name of Person		
	BENTSHUNG LLC			
		Firm/Company		
	6100 HOLLYWOOD BLV	VD. SUITE 204		
		Address		
	HOLLYWOOD, FL, 3302	4		
		City/State and Zip Code		
	BARRY@NOTJUSTWAR			
	E-mail address: (to be used for future annual report not	ification)	
For further information	n concerning this matter, please c	all:		
BARRY KATZ		954 326-5716 at ()		
Name	e of Person		ne Telephone Number	
Enclosed is a check for	r 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 Add		Street Address:	ection	
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6.		The Centre of		
Tallahassee	, FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



bentshung 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 <u>02/20/2023</u>	and assigned
Florida document number 123000091519		
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	C" 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, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	5.5
	FL	orida
	City	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties, at	nd I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR BARRY KATZ	BARRY KATZ	6100 HOLLYWOOD BLVD, SUITE 204	⊠Add
		HOLLYWOOD, FL 33024	□Remove
			□Change
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•	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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`an eff Vote:	ve date, if other than the date of filing:
record is fil	d 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 ed.
ated	April 11.2023
	Signature of a member or authorized representative of a member
	Blake Katz
	Typed or printed name of signee

Filing Fee: \$25.00