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(((H24000089481 3)))



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To:

Division of Corporations

Fax Number :

: (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

efile1234@incfile.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BENEVENTO PRODUCTS LLC

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COVER LETTER

TO: Registration So Division of Cor			(((H24000089481 3)))
2110 112 CT	BENEVEN	TO PRODUCTS LLC	,
SUBJECT: 9	Name of Lar	nited Liability Company .	·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
	efile 234@inetile.com F-mail address: (City/State and Zip Code to be used for future nonnal report notific	ation)
For further information c	oncerning this matter, please c	all:	
LOVETTE DOBSON		1 (888) 462-345.	3
Name o	f Person	at ()	elephone Number
Enclosed is a check for the	ne 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 Address Registration S Division of C P.O. Box 632 Tallahassee. I	Section Forporations 17	Street Address: Registration Section Division of Corpe The Centre of Tall 2415 N. Monroe Stallahassee, FL 3	vrations Jahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000089481 3)))

BENEVENT	O PRODUCTS LLC	
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>1.23000096042</u>	pany were lifled on 02/22/2023	and assigned
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 Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>S)</u>	
Enter new mailing address, if applicable:	1404 Hyde Park Blvd	
(Mailing address MAY BE A POST OFFICE BOX)	Niagara Falls, NY, 14305	
		20 24 H
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the r</u>	ω []
Name of New Registered Agent:		PH 5:
New Registered Office Address:	Enter Florida sweet address	1 7 2
	, Florida	š.
	\mathcal{L}_{AD}	Zin 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records: (((H24000089481 3)))

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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Sective date, if other than the need offective date is listed, the date must tee. If the date inserted in this blockwhent's effective date on the De	ock does not meet the applic	cable statutory filing r	(optional) than 90 days after filing.) Pequirements, this date w	ursuant to 605,0207 (; ill not be listed as th
ecord specifies a delayed effective is filed.	e date, but not an effective ti	ime, at 12:01 a.m. on	the earlier of (b) The S	Oth day after the
ted MARCH 6	2024	·		
	Signature of a member or auth	Beneventative of	2 a member	·
	Signature of a member of detail			
	9	Benevento		

Filing Fee: \$25.00