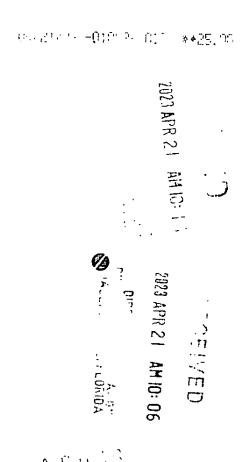
## L23000101965

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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## COVER LETTER '

TO: Registration Sec Division of Corp			
GBENOIT I			
SUBJECT:	Name of Limit	ted Liability Company	
m) 14 - 1 1	A day and facto) are subs	nitted for filing	
	Amendment and fee(s) are subr		
Please return all correspon	ndence concerning this matter t	o the following:	
	GLENNY BENOIT		
		Name of Person	
	GBENOIT LLC		
		Firm/Company	
	4972 SW 5TH STREET		
		Address	
	MARAGATE, FL 33068		
		City/State and Zip Code	
	GBENOITLLC@GMAIL.C		£
		to be used for future annual report noti	incation)
For further information c	oncerning this matter, please ca	iff:	
	ATES - D. BURGHER-THOM	at ( )	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee     \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	LI \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u>		Street Address:	
Registration		Registration Se Division of Co	
Division of C P.O. Box 632		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 70

[]

OF 2023 AFR 21 AM 10: 1;

GBEOIT LLC		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records. Lability Company)	
he Articles of Organization for this Limited Liability Company lorida document number L23000101905		and assigned
his amendment is submitted to amend the following:		
	_	
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company." the designation "LLC"	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 agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
	Cuy	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 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>	<u>Address</u>	Type of Action
AMBR	GLENNY BENOIT	4972 SW 5TH STREET	<b>⊟</b> Add
		MARAGATE, FL 33068	Remove
			□Add
			[]Change
			🗀 Add
			□Remove
		4	Change
			[]Add
			Remove
			Change
			🗀 Add
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ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this becument's effective date on the I	st be specific and cann lock does not meet t	iot be prior to da the applicable	e of filing or more t	nan 90 days aner nu	ng') tanggan to oobtor
record specifies a delayed effecti l is filed.	ve date, but not an e	ffective time, a	it 12:01 a.m. on th	ne earlier of: (b)	The 90th day after th
	20	)23			
APRIL 12		···································			
pated APRIL 12	Signature of a memb	<u> </u>	•		

Filing Fee: \$25.00