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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F		· -
		J. HORNE
		J. HORNE NOV 13 2028
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Office Use Only



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COVER LETTER

	Registration Sec Division of Corp		, ,	 •
SUBJEC		MILY GROUP LLC		
SOBJEC		Name of Limit	ed Liability Company	
The encle	osed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please re	turn all correspon	dence concerning this matter to	o the following:	
		MAHONEY COLLINS		
			Name of Person	-
		BENKE FAMILY GROUP	LLC	
			Firm/Company	
		10431 WATERSTONE DR	IVE	
			Address	
		RIVERVIEW, FL 33578		
			City/State and Zip Code	
		BENKEFAMILYGROUP@	GMAIL.COM o be used for future annual report notifie	cation)
		•	-	cation)
For furth	er information co	ncerning this matter, please ca	11:	
MAHON	NEY COLLINS		860 997-1687 at ()	
	Name of	Person		Telephone Number
Enclosed	l is a check for the	e following amount:		
■ \$2 5.	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 Section

Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

d Liability Compa A Florida Limited	ny as it now appears on our records.) Liability Company)	
	were filed on $\frac{3/06/23}{2}$ and assigne	
the limited liab	ility company here:	
ords "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
able:	13640 North Kendall Drive	
	#1241	
	Miami, FL 33186	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
		s here:
	Enter Florida street address	
MIAMI	Florida 33186	
	wing: the limited liab ords "Limited Liabi able: T ADDRESS) egistered office s here: 13640 North K	

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.

 Cin^{i}

Zip Code

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
MR	LOVAN COLLINS	40 ELM STREET	□Add
		HARTFORD, CT 06106	Remove
			Change
MR	ORAINE COLLINS	413 FIELD STREET	□Add
		NAUGATUCK, CT 06770	■ Remove
			□Change
			□ Add
			□Remove
		<u></u>	
			□ Add
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Effect	re date, if other than the date of filing: (optional) tive 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 605.0
Note:	tive 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 605.0 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nt's effective date on the Department of State's records.
0.0000	granifing a delayed affective data but not an affective time at 12:01 a miles the applicant the The Ook Joseph
e recor rd is fi	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after td.
Dated	EPTEMBER 18 2023
J	