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COVER LETTER

TO: Registration Se Division of Cor			
	NEM FAMILY LLC		
SUBJECT:	Name of Lin	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:	
	MANUELLA BENRHAN	EM	
		Name of Person	202;
	BENRHANEM FAMILY	LLC	2023 SEP 25 PM 3: 25
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	25
	5036 DR PHILLIPS BLV	D 157	- P
		Address	 ယ့
	ORLANDO, FLORIDA. 3	2819	25
		City/State and Zip Code	
	BENRHANEMFAMILY@		
	E-mail address: (to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	all;	
MANUELLA BENRHA	NEM	407 7776686	
Name o	f Person	at ()at ()Dayti	ine Telephone 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section		Registration S	
Division of Corporations P.O. Box 6327		Division of Co The Centre of	-
Tallahassee, l			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Benrhan	en Family LLC
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears ontour records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>La300017374</u>	• • •
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ited liability company here:
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	(ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRE FALLED STATE OF STATE OF STATE OF CORPORATE OF CORPORATE OF STATE OF
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the hew registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City 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 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</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MANUELLA BENRHANEM		□Add
			Remove
			□Add
			Remove
	•		□ Change
	MANUELA	MANUELLA	
			DIVISION C
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fective date, if other than the d	ate of filing:		(optional)		
on effective date is listed, the date must bote: If the date inserted in this bloc	k does not meet the applicab	de statutory filing requir			
eument's effective date on the Dep	partment of State's records.				
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ecord specifies a delayed effective a is filed.	date, but not an effective time	e, at 12:01 a.m. on the e	artier of: (b) The 90	th day afte	er th
SEPTEMBER 22	2023	. ·			
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