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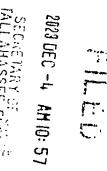
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
474 200 00			EDICTO LLC	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
			MARLYN BENEDICTO	
			Name of Person	
			3MBENEDICTO LLC	
			Firm/Company	·-···
	6438 ADRIATIC WAY			
			Address	· W =
			GREENACRES, FL 33413	
			City/State and Zip Code	<del></del>
			narlynbenedicto@yahoo.com	
0 2			to be used for future annual report not	incation)
For fur		oncerning this matter, please c		
	MARLYN BE		321 960-0943 at ()	ne Telephone Number
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclose	ed is a check for th	e following amount:		
□ <b>\$</b> 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 S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations l'allahassee de Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION · OF

3MBENEDICT	O LLC		
(Name of the Limited Liability Comp. (A Florida Limited	nny as it now appears on our recor- Liability Company)	<u>ds.</u> )	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 11/17/2023	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLO	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<del>Z</del> ,	
Principal office address MUST BE A STREET ADDRESS)		PEGRE AS	
Enter new mailing address, if applicable:		SEE TO	
Mailing address MAY BE A POST OFFICE BOX)		09-15-57	
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</u>	r the name of the new regist	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addre	'55	
<del> </del>	, <b>r</b>	lorida 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>	Address	Type of Action
MGR	VALMARIE J BENEDICTO	6438 ADRIATIC WAY GREENACRES. FL 33413	□Add
			Remove
			🗆 Change
MGR	MARLYN BENEDICTO	6438 ADRIATIC WAY GREENACRES, FL 33413	
			□Remove
			Change
			□Add
			□Remove
			□Change
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<del></del>			🗆 Add
			□Remove
			□Change

	ling any other information, enter change(s) here: (Attach additional sheets, if neces. d EIN 93-4528796			_
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f an effect <u>Note:</u> If	date, if other than the date of filing:	ling ) Purs		
rd is filed		The 90tl	h day aft	er the
Dated	November 30 2023  Signature of a member or authorized representative of a member  MARLYN BENEDICY  Typed or printed name of signee			
	mulica			
	Signature of a member or authorized representative of a member			
	andre (VA) P trum (T)			