L24000158295

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
3X/101

Office Use Only



300433575473

07/26/24--01008--008 ++25.00

FILED 2024 AUG 29 PH 3: 41





August 8, 2024

RAMONITA BENITEZ 12106 TOWBOAT CT ORLANDO, FL 32828

AUG 2 9 2024

SUBJECT: BENRODZ REAL ESTATE LLC

Ref. Number: L24000158295

We have received your document for BENRODZ REAL ESTATE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 924A00017265

2024 AUG 29 PM 3: 4.1 SELD LARY OF STATE TALLAHASSEE, FL

www.sunbiz.org

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	BENRODZ	REAL ESTATE LLC				
	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:				
		RAMONITA BENITE	SZ.			
		Name of Person				
		Firm/Company				
12106 TOWBOAT CT Address						
		Address		_		
		ORLANDO FL 328	28			
	2024 355 77					
		RODZGROUP@GMA1 to be used for future annual		AUG		
For further information e	oncerning this matter, please c	all:		29 (HAY		
RAMONIT	A BENITEZ	787	220-8416	2024 AUG 29 PM 3: 4.1 SECRETARY OF STATE FALLAHASSEE, FL		
Name o	f Person	at () Area Code	Daytime Telephone Num	ber PA		
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 tadditional copy is end	Certif closed) Certifi	Filing Fee, icate of Status & ied Copy mal copy is enclosed)		
Mailing Addres Registration S		Street A	ddress: ation Section			
Division of C		_	n of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BENRODZ REAL ESTATE LLC		
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
he Articles of Organization for this Limited Liability Company were filed on	04/02/2024	and assigned
lorida document number		_
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability company her	<u>e</u> :	
BENRODZ GROUP LLC		
ne new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the abl	previation "L.I.,C."
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:	·	
Mailing address MAY BE A POST OFFICE BOX)	<u>ارا</u> ال	22
	工艺	29
. If amending the registered agent and/or registered office address on our rec	ords, <u>enter the name</u>	eof the new rogis
gent and/or the new registered office address here:	ů,	
	77	<u> </u>
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florid	i street address	

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.

City

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
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			7024 Add
			Worken over 1970 1970 1970 1970 1970 1970 1970 1970
			7024 AUGI29 Phan 3: 43 dd
			□Remove
			□Change
		-	
			□Remove
			□Change
			□ Add
			□Remove
			□ Chann

				_		,				_
					<u>-</u> .					
-										
						-				
-							_			
				-		-	_			-
				_						
					,					
					_				202	
			_			-		IALI	ZBZ4 AUG	
								AHA	~	مستدري مستدري
	<u>-</u>	 -				<u> </u>	<u> </u>	(n)		<u> </u> 6509
	<u> </u>							THO THO	P	
								, FIA	ယ္ ÷	
								<u> </u>	_	
			<u>.</u>				_		_	
ore: If the	ite, if other than date is listed, the dat date inserted in th	us block does	not meet	the applica	o date of fil ble statuto	ing or more ry filing ro	than 90 day:	optional) cafter (iling.) Po s, this date wi	irsuant t 11 not b	o 605,020 e listed a
ocument's e	effective date on t	he Departmen	it of State	s records.						
record spec is filed.	ities a delayed eff	ective date, bu	ut not an e	ffective tir	ne, at 12:0	l a.m. on	the earlier o	of: (b) The 9	0th day	after the
ited	AUGUST	22	·	2024						
			_							