

L24 000 174 886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

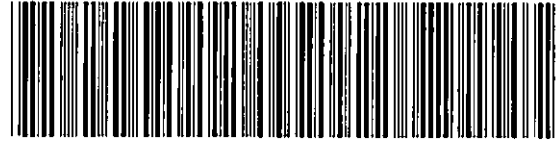
(Business Entity Name)

(Document Number)

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24 MAY 15 PM 1:16
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BENITEZ CHILDREN CARE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ISMARY BENITEZ HERNANDEZ

Name of Person

BENITEZ CHILDREN CARE LLC

Firm/Company

5218 5 ST. W

Address

LEHIGH ACRES, FL 33971

City/State and Zip Code

ismarybenitez0@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISMARY BENITEZ HERNANDEZ

786

856-2598

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BENITEZ CHILDREN CARE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/12/2024 and assigned Florida document number L24000174886.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
26 MAY 15 PM 1:16
CLERK OF STATE
TALLAHASSEE FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: ISMARY BENITEZ HERNANDEZ

New Registered Office Address: 5218 5 ST. W
Enter Florida street address

LEHIGH ACRES, Florida 33971
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.

Ismary Benitez
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
P	BENITEZ HERNANDEZ, ISMAR	5218 5 ST. W LEHIGH ACRES, FL 33971	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BENITEZ HERNANDEZ, ISMAR	5218 5 ST. W LEHIGH ACRES, FL 33971	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

REMOVED "P" AFTER NAME UNDER REGISTERED AGENT.IT WAS TYPED WRONG

REMOVED "P" AFTER NAME UNDER Authorized Person(s) Detail IT WAS TYPED WRONG

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

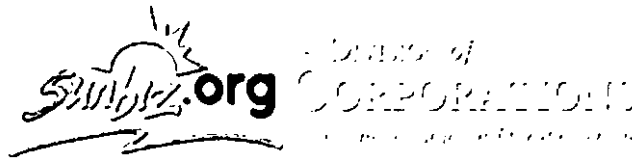
Dated MAY 10 2024

Ismary Benitez

Signature of a member or authorized representative of a member

ISMARY BENITEZ HERNANDEZ

Typed or printed name of signee



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Limited Liability Company
 BENITEZ CHILDREN CARE LLC

Filing Information

Document Number L24000174886
FEI/EIN Number 99-2643975
Date Filed 04/12/2024
Effective Date 04/12/2024
State FL
Status ACTIVE

Principal Address

5218 5 ST. W
 LEHIGH ACRES, FL 33971

Mailing Address

5218 5 ST. W
 LEHIGH ACRES, FL 33971

Registered Agent Name & Address

BENITEZ HERNANDEZ, ISMARY, P
 5218 5 ST. W
 LEHIGH ACRES, FL 33971

Authorized Person(s) Detail

Name & Address

Title P

BENITEZ HERNA, ISMARY, P
 5218 5 ST. W
 LEHIGH ACRES, FL 33971

Annual Reports

No Annual Reports Filed

Document Images

04/12/2024 - Florida Limited Liability [View image in PDF format](#)