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COVER LETTER

TO: Registration Section

Division of Corporations			
	ng & Improvements		
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Benito Mercier		
		Name of Person	
		Firm/Company	
	8701 Wellesley Dr. #101		
		Address	
	Orlando, FL 32818		•
		City/State and Zip Code	
	benitomercier7@gmail.com		<u> </u>
		to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Benito Mercier		407 4677036 at ()	
Name	of Person	Area Code Daytin	ne 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 Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ben Painting & Improvements		
(Name of the Limited Liab (A Flor	ility Company as it now appears on our record ida Limited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability	Company were filed on April 24, 2024	and assigned
Florida document number L240001963608	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Ben Painting & Improvements, LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		,
· · ·		
Mailing address MAY BE A POST OFFICE BOX		
		
B. If amending the registered agent and/or register agent and/or the new registered office address here		the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	SS
		lorida
	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, 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
AP	Mercier Smith	9604 Lake Hugh Dr., Gotha FL 34734	□Add
			\frac{\equiv Remove}{ \te
			□ Change
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or rote: If the date inserted in this block does not meet the applicable statutory filing occument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. is filed.	on the earlier of: (b) The 90th day after th
ated May 14	
	 _

Typed or printed name of signee