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(((H24000221710 3)))



H240002217103ABCT

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070

: (888)462-3453

Phone Fax Number

: (877)919-2613

Enter the email address for this business entity to be used for future vannual report mailings. Enter only one email address please.

Email Address: EFILE1234@INCFILE.COM

SLLC AMND/RESTATE/CORRECT OR M/MG RESIGN BENJI THE BUILDER LLC

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K. SALY

JUN 28 20. 4

COVER LETTER

(((H24000221710 3)))

TO: Registration So Division of Cor			
		HE BUILDER LLC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249		
		Address	
	HOUSTON TEXAS 7706	54 	
	EFILE1234@INCFILE.CO	City/State and Zip Code	
	F-mail address; (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please e	all:	
LOVETTE DOBSON		888462345	
Name e	f Person	Area Code Dayrim	e Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee	S30.00 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)
<u>Mailing Addres</u> Registration (Street Address: Registration Se	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632 Tallahassee.		The Centre of T 2415 N. Monro	'allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000221710 3)))

BENJI THE BUILDER LLC

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

(A Fronta Lameu	Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 06/13/2024 and assigned			
Florida document number L24000270662				
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	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	10151 Sw Orana Dr			
(Principal office address MUST BE A STREET ADDRESS)	Port Saint Lucie, FL 34987			
Enter new mailing address, if applicable:	10151 Sw Orana Dr			
(Mailing address MAY BE A POST OFFICE BOX)	Port Saint Lucie. FL 34987			
agent and/or the new registered office address here: Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
,	, Florida			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is			
If Chai	nging Registered Agent, <u>Signature of New Registered Agent</u>			

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H24000221710 3)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Ghange
			DAMES.
			ORemove DRemove
			El Change
			□Add
			□Remove
			——————————————————————————————————————
			□Remove
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			□Add
			□Remove
			□Change
			□ Add
			□Remove

June 27th		2024	ed spresentativ			
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fective date, if other than the n effective date is listed, the date muster. If the date inserted in this blocument's effective date on the D	a be specific and a ock does not ma	cannot be prior to o eet the applicabl	tate of filing or i	nore than 90 days ng requirements	after filing.) P	ursuant to 605.020 Il not be listed as
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