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## **COVER LETTER**

Registration Section **Division of Corporations** BENJI FLORIDA INVESTMENT, LLC SUBJECT: 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: Maria Perasso Name of Person BENJI FLORIDA INVESTMENT, LLC Firm/Company 11052 NW 48th Ln Address Doral FL, 33178 City/State and Zip Code maruperasso@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Maria Perasso 786 3425793 Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount:

**Mailing Address:** 

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**■** \$30.00 Filing Fee &

Certificate of Status

Street Address:

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

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

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BENJI FLORIDA INVESTMENT, LLC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed or Florida document number	September 27, 2024 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	v here:
he 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)	
	5,
Inter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	:3
	(
<ol><li>If amending the registered agent and/or registered office address on or gent and/or the new registered office address here:</li></ol>	ir recorus, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter	Florida street address
	, Florida
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
MGR	MARIA E PERASSO JAIME	11052 NW 48th Ln. Doral, FL, 33178	_
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ote: If the da	te is listed, the date mate inserted in this before the fective date on the I	block does not me	ect the applicable s	e of filing or more the statutory filing rec	an 90 days after filinguirements, this day	l) g.) Pursuant to 605,020 e will not be listed a
record specif Lis tiled.	ies a delayed effecti	ve date, but not a	an effective time, a	1 12:01 a.m. on th	e earlier of: (b)	he 90th day after th
October ated	28th		72024/		May Dra (1)	<b>)</b> .
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		Signature of a fin	tember or authorized		member Naria E. P.E	

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