P13000097392

(Re	questor's Name)	-
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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DIVISION OF CORE DESCRIPTION

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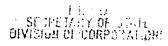
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: BENNY CEILING	CORPORATION			
DOCUMENT NUMBI	ER: P13000097392	····			
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:			
(GUILLERMO DIAZ				
-	· · · · · ·	Name of Contact Person	1		
N	MASTER ACCOUNTANTS	. PA			
_		Firm/ Company	· ·		
1	0041 BIRD ROAD	rum Company			
-	· 	Address			
,	MIAMI, FLORIDA 33165	1 2002 400			
		0': 15: 4 17: 0 1			
		City/ State and Zip Code			
MAST	ERTAXEXPA@GMAILCO				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	concerning this matter, pleas	e call:			
GUILLERMO DIAZ		786	6834521 de & Daytime Telephone Number		
Name of	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



BENNY CE	ILING	CORPO)RA	MOIT	1
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15 DEC 21 PM 1:21

(<u>Name</u>	of Corporation as currently it	<u>led with the Florida</u>	Dept. of State)	
P13000097392				
	(Document Number of Co	orporation (if known)		
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this Flo	rida Profit Corporati	on adopts the following	g amendment(s)
. If amending name, enter the new na	ame of the corporation:			
				The new
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	ation "Corp," "Inc," or "Co	". A professional co		
. Enter new principal office address, Principal office address <u>MUST BE A S</u>				
-	•			
			.,	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				
	-			
. If amending the registered agent an new registered agent and/or the ne		in Florida, enter the	e name of the	
	MARIA R PERALTA			
Name of New Registered Agent			#A* + , + 2 ,	
	(Florida street	address)		
N D 1 100 411	,	,	. Florida	
New Registered Office Address:	(Ci		, Florida(Zip C	Code)
ew Registered Agent's Signature, if chereby accept the appointment as regis	hanging Registered Agent:	and accent the oblic	rations of the position	
nereby accept the appointment as regis	ierea ageni. 1 am jamiliar wiii	ana accept the ootig	unons of the position.	
. 1				
$\gamma \gamma / a$	na A. Jua	lta		
	Signature of New Regi	istered Agent, if chang	ging	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P,D	JOSE B PERALTA	1810 SW 69th AVE
Add			MIAMI, FL 33155
X Remove			
2) X Change	P,D	MARIA R PERALTA	1810 SW 69th AVE.
Add			MIAMI, FL 33155
Remove			
3) Change			
Add			
Remove			-
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
N/A	, 9	5): (
	×		•		
				<u></u> 	
	• •	 -			
	<u>-</u>				
· · · · ·					
F. <u>If an an</u>	nendment provides for	an exchange, reclassi	fication, or cancel	ation of issued shares,	
<u>provisi</u>	ions for implementing in not applicable, indicate	the amendment if not	contained in the a	mendment itself:	
	noi applicable, inalcale	14/A)			
N/A					
					
		<u></u>			

The date of each amendment(s) ad	loption:		, if other than the
date this document was signed.		SFR	FRIEN
Effective date <u>if applicable</u> :			RETARY OF STATE 2H OF CORPACIALION
	(no more than	90 days after amendment file date) 15 D	EC 21 PM 1:21
Note: If the date inserted in this b document's effective date on the De		licable statutory filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado by the shareholders was/were su		he number of votes cast for the amendmen	t(s)
		nrough voting groups. The following states to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/v	vere sufficient for approval	
by		.,,	
•	(voting group)		
☐ The amendment(s) was/were ado action was not required.	pted by the board of directo	rs without shareholder action and sharehol	der
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators w	ithout shareholder action and shareholder	
12/15/2015 Dated			
Signature M/C	aria R. Ru	alta	
(By a disclected		fficer – if directors or officers have not bee the hands of a receiver, trustee, or other cory)	
	MARIA B PERALTA		
	(Typed or printe	d name of person signing)	
	PRESIDENT, DIRECTOR		,
	(Tit	e of person signing)	