P17000085836

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
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COVER LETTER

TO: Amendment Section Division of Corporations

(4) (4)

NAME OF CORPO	DRATION: BENMAT CORP			
	IBER: P17000085236			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	HUGO PEPE			
		Name of Contact Person	1	
		Firm/ Company		
	18081 BISCAYNE BLVD #	405		
	AVENTURA FL 33160	Address		
		City/ State and Zip Code	e	
PPF	HUGO1952@GMAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
HUGO PEPE		at (<u>305</u>	de & Daytime Telephone Number	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	irtment of State:	
S35 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Árticles of Incorporation of

BENMAT CORP		
(Name of Corporation as current	ly filed with the Florida Dept. of State)	· · ·
P17000085236		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Floridu Profit Corporation adopts the following amene	dment(s) to
A. If amending name, enter the new name of the corporation:		
	The -	new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain	tion the
B. Enter new principal office address, if applicable:	18081 BISCAYNE BLVD # 405	
(Principal office address MUST BE A STREET ADDRESS)	AVENTURA FL 33160	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18081 BISCAYNE BLVD #405	
	AVENTURA FL 33160 ≥ □ □	_
		_ <u></u>
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		
Name of New Registered Agent		
(Florida st	treet address)	
New Registered Office Address:	(City) , Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		
Signature of New .	Registered Agent, if changing	

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 Do	<u>c</u>	
X Remove	<u>V</u>	Mike Jor	nes	
X Add	<u>sv</u>	Sally Sm	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add	<u></u>	<u>—</u>		
Remove				.
6) Change		_		
Add				
Remove				

E. <u>If ame</u> (Attach	e <mark>nding or</mark> Addition	r adding additional Artinal sheets, if necessary).	cles, enter change(s (Be specific)	s) here:			
OWNER	100%	MAXIMILIANO PEPI	<u> </u>				
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	10/26/2017	
The date of each amendment(s) addate this document was signed.	loption:	, if other than the
	6/2017	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendmen fficient for approval.	at(s)
	proved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sharehol	lder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
10/26/2101	7\	
Signature	leve dogo	
selecte	irector, president or other officer – if directors or officers have not beed, by an incorporator – if in the hands of a receiver, trustee, or other cotted fiduciary by that fiduciary)	
	HUGO PEPE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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