P19000029209

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phone	e #)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BENITO CORPO	RATION	····	
DOCUMENT NUMI	BER: P19000029209			
	of Amendment and fee are su	abmitted for filing.		
Please return all corre	spondence concerning this ma	itter to the following:		
	ANGELICA L. BELTRAN			
		Name of Contact Person	1	
	BELTRAN ACCOUNTING SERVICES CORP			
		Firm/ Company		
	6303 BLUE LAGOON DR.	SUITE 400		
	••	Address	_	
	MIAMI, FL 33126			
		City/ State and Zip Cod	e	
abelt	ran@beltranaccounting.com			
	•	sed for future annual report	notification)	
		,		
For further informatio	n concerning this matter, pleas	se call:		
ANGELICA L. BEL	FRAN	at (<u>305</u>	456-1999	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐S43.75 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)	
Ame Divi P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, F1, 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment Articles of Incorporation

of

BENITO CORPORATION		2015 CCT 21;	PH 1:1.2
(Name o	of Corporation as curren	lly filed with the Florida Dept. of State)	
P19000029209			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following am	endment(s) to
A. If amending name, enter the new na	me of the corporation:		
NA		The	r new
	ation "Corp," "Inc," or	on," "company," or "incorporated" or the abbre "Co". A professional corporation name must conto "P.A."	
B. Enter new principal office address, (Principal office address MUST BE A S		NA	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST) D. If amending the registered agent an	OFFICE BOX) od/or registered office add		
new registered agent and/or the new	<u>v registered office addres</u>	38:	
Name of New Registered Agent	XIMENA DEL MARMO)[.	
	2917 SW 5TH AVE		
	(Florida s	treet address)	
New Registered Office Address:	MIAMI	. Fłorida 33129-2504	
		(City) (Zip Code)
. , , , , , , , , , , , , , , , , , , ,	ered agent. Tam familiar Sell Uxrss57	with and accept the obligations of the position.	
	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> <u>John</u>	ı <u>Doc</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	DMGR	DEL MARMOL, ADOLFO S	8335 SW 72 AVE APT 213D
Add			MIAMI, FL 33143
X Remove			
2) Change	DPT	DEL-MARMOL, XIMENA	2917 SW 5TH AVE
X Add			MIAMI, FL 33129-2504
Remove			
3) X Change	SDV	CARRARA, FERNANDO	8335 SW 72 AVE APT 213D
Add			MIAMI, FL 33143
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damaya			

	al sheets, if necess	ary). (Be specifi	ic)			
NA_						
						
lf <u>an amendm</u>	ent provides for a	n exchange, recla	ssification, or ca	incellation of iss	ued shares.	
provisions for (if not ap _i	r implementing th olicable, indicate N	<u>e amendment if n</u> VA)	ot contained in	the amendment	<u>itself:</u>	
14		_				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
hy" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
10/16/2019 Dated	
Signature & Lil	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator + if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
ADOLFO S. DEL MARMOL	
(Typed or printed name of person signing)	
DIRECTUR	
(Title of person signing)	-