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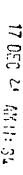
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Special Instructions to Filin	ng Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bending Branch LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Helley L. Muller Name of Person
Firm/Company
751 N. Prevatt Ave
City/State and Zip Code Kelley Mullen C Cfl. Mr. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (386) 804-7152 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

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ompany as it now appea nited Liability Company)	ars on our records.)		
	9/27/2	OIT and as	signed
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liability company h	iere :		
Liability Company," the	designation "LLC" or	the abbreviation "I	.L.C."
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		32.	
ed office address o here:	n our records, g	enter the name	of the ne
Enter Flo	orida street address		
<u></u>	, Florid		
•		Zip Code	
<u>ent:</u>			
	liability company l Liability Company," the S) Enter Flo City	Liability Company here: Liability Company," the designation "LLC" of the control	liability company here: Liability Company," the designation "LLC" or the abbreviation "I C"

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Kelley L Muller	751 N. Prevatl Ave	🗆 Add
		751 N. Prevatl Ave LK Helen, FL 32744	Remove
			□ Change
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Please remove Helley L. Mulla	ı_
effectut 12/18/2017	L(
7 JEC 20	SECRETAR TALLATES
A:	
	· (5
Effective date, if other than the date of filing: 12/13/17 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.026 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	07 (3)(1 as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.	of:
Dated December 18, 2017. Signature of a member or authorized representative of a member	
Kelley L. Muller Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00