# L19000105268

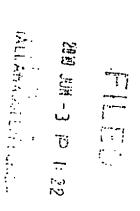
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	IAIL
(Business Entity Name)	·• ·
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	

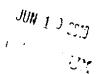
Office Use Only



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# **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:	Behnke Le Name of Lim	ealty LC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Ariel	Behnke Name of Person	
	Rehn	ke Rec/ty LLC Firm/Company	
	254	Veranda DR. Address	
	Lakel	and FL 338 City/State and Zip Code	309
	<u>arie</u> //re E-mail address: (	City/State and Zip Code  2 Se b a gmail. com to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c		
Ariell I	Behnke f Person	at ( <u>263</u> ) <u>70/</u> Area Code Daytime	- 5710 e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y Company were filed on April 1	—— Juli -3 P 1:22
y Company were filed on April 1	7, 2019. and assigned
Indul	•
Indul	•
:	
imited liability company here:	
.imited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
DRESS)	
gistered office address on our reco	ords, enter the name of th
ddress here:	
Ariell Behnke	
254 Veranda DR	
Enter Florida street ad	dress
e: <u><i>D</i>.</u> re	Tegistered office address on our reconsidered address here:

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, <u>enter the title, name, and address of each person\_being adde-or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	Ariell Behnke	254 Veranda DR	Z Add
		254 Veranda DR Lakeland FL 33809	□ Remove
			Change
			🗆 Add
			Remove
			Change
			□ Remove
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f an eff <mark>Note:</mark>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	May 23th 2 Zehola
	Signature of a member or authorized representative of a member
	, , , , , , , , , , , , , , , , , , , ,

Page 3 of 3

Filing Fee: \$25.00