L08000041897

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
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08/28/17--01013--005 **52.50

09/19/17--01015--021 **2.50

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CORETARY OF STATE
LLAHASSEE, FLORID

S. WARREN SEP 1 9 2017



August 31, 2017

ROBERT T BENTZEL 133 WESSEX DR BONAIRE, GA 31005

SUBJECT: BENTZEL TRUCKING, LLC

Ref. Number: L08000047897

We have received your document for BENTZEL TRUCKING, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP - LP, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 617A00018043

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

September 14, 2017

Divisions of Corporations Po Box 6327 Tallahassee, FL 32314

Attn: Stacey Warren Re; Bentzel Trucking, LLC

Correct form to Amend Articles of Organization

Dear Stacey-

Thank you for providing the correct form to accomplish the above. As requested, please find enclosed:

- Copy of your August 31, 2017 letter
- Completed correct form
- Check #1110 in the amount of \$2.50 [balance owed] for Filing fee & Certified copy

Again, thank you for providing the correct forms and information as well as, your help in making these modifications.

Should you require anything else, please advise.

Very truly yours,

Robert T. Bentzel; MGR

COVER LETTER

-	ation Section n of Corporations					
SUBJECT:	BENTZEL TRUCKING, C.C.					
Name of Limited Liability Company						
The enclosed Art	icles of Amendment and fee(s) are submitted for filing.					
Please return all	correspondence concerning this matter to the following:					
·	ROBERT T- BENTZEL Name of Person					
	BENTZEL TRUCKING L.L.C.					
	137, WESSEY DR Address					
	BONAIRE, GA 31005 City/State and Zip Code					
	City/State and Zip Code RENTZEL 10/1 © GMAIL. COM E-mail address: (to be used for future annual report notification)					
For further inform	nation concerning this matter, please call:					
POBE!	ZT T_ BENTZEL at (478) 396 - 6630 Name of Person Daytime Telephone Number					
	Name of Person Area Code Daytime Telephone Number					
Enclosed is a che	ck for the following amount:					
□ \$25.00 Filing	Fee					

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

BENTZEL	TROCKING, C.C.
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number	npany were filed on 5/13/2608 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	133 WESSEY DE
(Principal office address MUST BE A STREET ADDRES	133 WESSEY DR BONAIRE, GA 31005
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	133 WESSEY DE BONAIRE, GA 31005
registered agent and/or the new registered office addres Name of New Registered Agent:	<u>s here</u> :
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
provisions of all statutes relative to the proper and com	d agree to act in this capacity. I further agree to comply with the applete performance of my duties, and I am familiar with and it as provided for in Chapter 605, F.S. Or, if this document is
	Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> Address Type of Action CHARCENE BELITZEL 105 TOPAZ CT. _□ Add BONAITE GH 31065 Remove _□ Change _□ Add □ Remove _ Change _ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove Remove □ Change

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		ar as no re	
			
	-		
			
C. Effective	date, if other than the date of filing: (options	l)	
(It an effecti	date, if other than the date of filing:	ng.) Pursuant to 605 te will not be list	.0207 (3)(b ed as the
Note: If t document			
document f the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m Oth day after the record is filed.	. on the earli	er of:
document f the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m	e, on the earli	er of:
document f the recor b) The 90	od specifies a delayed effective date, but not an effective time, at 12:01 a.m. SEPT 14	on the earli	er of:
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document f the recor b) The 90	od specifies a delayed effective date, but not an effective time, at 12:01 a.m. Oth day after the record is filed. SEPT 14	SE ORE	er of: