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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone

: (407)843-8880 Fax Number : (407)244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BENTWOOD VILLAGE, LLC

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	Registration Se Division of Cor					
SUBJEC'	BENTWO	BENTWOOD VILLAGE, LLC				
SOBJEC	••	Name of Limited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	ım all correspo	ondence concerning this matter	to the following:			
		Tucker J. Thoni				
			Name of Person			
		GrayRobinson, P.A.		·		
			Firm/Company			
301 E. Pine Street, Suite #1400						
			Address			
	Orlando, FL 32801					
		<u> </u>	City/State and Zip Code	· -		
		tucker.thoni@gray-robinson				
		E-mail address: (to be used for future annual report noti	fication)		
For further	information c	oncerning this matter, please c	all:			
Tucker J.	Thoni		407 843-8880 at ()			
<u> </u>	Name of	Person		e Telephone Number		
Enclosed i	s a check for th	e following amount:				
≘ \$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is exclosed)		
\overline{R}	Lailing Address egistration S	ection	<u>Street Address:</u> Registration Sec	ction		
Division of Corporations		Division of Cor	norations			

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CC. Z J. Z J Z J Z J J F M G M A C M

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BENTWOOD VILLAGE, LLC								
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	nears on our records.)						
The Articles of Organization for this Limited Liability Company were filed on May 19, 2008 and assigned Clorida document number L08000049303								
This amendment is submitted to amend the fol	lowing:							
A. If amending name, enter the new name	of the <u>limited liability company</u>	<u>/ here</u> :						
The new name must be distinguishable and contain the	words "Limited Liability Company," t	ne designation "LLC" or the abbreviation "L.L.C."						
Enter new principal offices address, if appli	cable:							
(Principal office address MUST BE A STRE	4							
		No. on						
		ek um en 2						
Enter new mailing address, if applicable:		1						
(Mailing address MAY BE A POST OFFICE BOX)								
		्ट) स्रोहस्य प्राप्त						
B. If amending the registered agent and/or agent and/or the new registered office addressed Name of New Registered Agent:	_	r records, <u>enter the name of the new regist</u>						
Name of New Rogistered Agent.	201 P. Din. Come Chies #1400	0						
New Registered Office Address:	301 E. Pine Street, Suite #1400	0 Florida street address						
	Orlando	, Florida ³²⁸⁰¹						
	City	Zip Code						
New Registered Agent's Signature, If changing	Registered Agent:							
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	ed agent and agree to act in th per and complete performance	of my duties, and I am familiar with and						

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 Shanging Registered Agent, Signature of New Registered Agent

SELVI, ZOVO VILIJAM ONAS NOOTHOOM

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	David Nerland	2910 Kerry Porest Pkwy, Suite D4-363	
		Tallahassee, FL 32309	■Remove
			Change
MGR	LandSouth Management Company, LLC	2910 Kerry Forest Pkwy, Suite D4-363	■Add
•		Tailahassee, FL 32309	□ Remove
			Change
			□Add
			□Remove [[] ,
			Change
			ارن ما Add معرفی معرفی
			□ Remove
			Change
			□Remove
			□Add
			□ Remove
			Change

Typed or printed name of signee