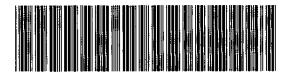
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T. HAMPTON
JULAB 7000
EXAMINER

COVER LETTER

	ion Section of Corporations
SUBJECT:	United Capital Bentals, LLC Name of Limited Liability Company
•	
The enclosed Artic	les of Amendment and fcc(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	JOSeph Hayrock
	Linited Caretal. Firm/Company
	4532 W Kennedy Blvd Ste 320
• '	I Campa J- 33609 City/State and Zip Code Jhaymore @ United Capital report notification) E-mail aldress: (to be used for future annual report notification)
Deanna	Area Code & Daytime Tetephone Number
ALTER TOTAL	Solutional copy is enclosed) Solutional copy is enclosed) Solutional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 63274 - 1 August 1981
Tallahassee, FL 32314

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STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, EL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

White Capilla	Kentals, 1	10.
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our liability Company)	ir records.)
The Articles of Organization for this Limited Liability Company Florida document number LIODDDD 2 to 224	were filed on 318	and as the compact of
This amendment is submitted to amend the following:		7
A. If amending name, <u>enter the new name of the limited liab</u>	vility company here:	55 50
The new name must be distinguishable and end with the words "LimitL.C."	ited Liability Company," the	e designation "LLC" or the abbrev
Enter new principal offices address, if applicable:	<u>4532. U</u>	U. Kennedy BI
Principal office address MUST BE A STREET ADDRESS)	<u>Ste 32</u>	0 38 384.09
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		cords, enter the name of the
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Flo	rida strēet address
		. Florida
•		rida strēet address , Florida Zip Code

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mai MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	No. 75 100 100 100 100 100 100 100 100 100 10		Add Remove
:			Add Remove
	**************************************		Add Remove
			Add Remove
*			Add Remove
** ***********************************	,		Add Remove
* [Jam Ar	pa, FL 33609	-
Dated	•	er or authorized representative of a member Joseph Haymore ed or printed name of signee	SECRETARY OF STA
	13 pc	Page 2 of 2	TION

Filing Fee: \$25.00