

L11000023788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

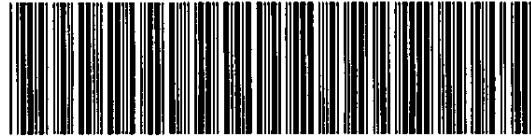
(Business Entity Name)

(Document Number)

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03/27/14--01012--011 **25.00

FILED
14 MAR 27 AM 10:04
TALLAHASSEE, FLORIDA

APR - 1 2014

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bentley Private Fund LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Franklin Cruz

Name of Person

Bentley Private Fund LLC

Firm/Company

5337 N. Socrum Loop Rd Suite 446

Address

Lakeland FL 33809

City/State and Zip Code

asst@franklinandrew.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Franklin Cruz

Name of Person

813 438-6303

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

FILED
14 MAR 27 AM 10:04
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

Bentley Private Fund, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2-24-2011 and assigned Florida document number L11000023788.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 5337 N. Socrum Loop Rd
(Principal office address MUST BE A STREET ADDRESS) Suite 446
Lakeland, FL 33809

Enter new mailing address, if applicable: 5337 N. Socrum Loop Rd
(Mailing address MAY BE A POST OFFICE BOX) Suite 446
Lakeland, FL 33809

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Kathy Hendrickson

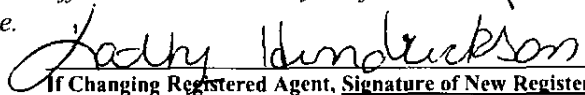
New Registered Office Address: 5337 N. Socrum Loop Rd Suite 446

Enter Florida street address

Lakeland, Florida 33809
City Zip Code

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Douglas Amoroso	711 S. Howard Ave	<input type="checkbox"/> Add
		Suite 393	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33611	
OFC	Maurice Golson	803 Normandy Trace Road	<input checked="" type="checkbox"/> Add
		Tampa, FL 33602	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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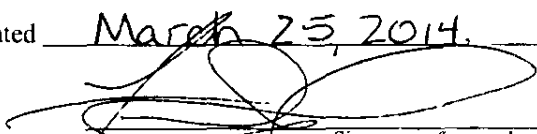
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Address for MGR Franklin Cruz is now 5337 N. Socrum Loop Rd Suite 446 Lakeland FL 33809

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 25, 2014.



Signature of a member or authorized representative of a member

25MAR14

Typed or printed name of signee