L12000055489

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EXAMINER



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900238771879 08/27/12--01034--027 **30.00

SECRETARY OF STATE OF CORPORATION OF CORPORATION OF CORPORATION OF STATE OF

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Bend	dy-Tees, LLC		
SUBJECT:		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are su	ubmitted for filing.		
Please return all correspond	ondence concerning this matte	er to the following:		
	J	ason T. Daniel, Esquir	e	
		Name of Person		
		Daniel Law Offices, P.A	Z O	
		Firm/Company	7 9	
	605 Ea	605 East Robinson Street, Suite 100		
		Address		
		Orlando, FL 32801		
	_	City/State and Zip Code	_	
	E-mail address:	manda@cflpatents.cor (to be used for future annual rep	ort notification)	
For further information	concerning this matter, please	call:		
	son T. Daniel	at (_407_)	841-8375	
Name	of Person	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 e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regist Divisi	LING ADDRESS: tration Section on of Corporations Box 6327	Registratio	Corporations	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bendy-Te	es, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	12 Sept.
			So Care
The Articles of Organization for this Limited Liability Company	were filed on	04/24/2012	and assigned co
Florida document numberL12000055489			基 %
			de S
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility comnany he	re:	
A. If alliending name, enter the new hame of the numed had	mry company ne	<u> </u>	
The new name must be distinguishable and end with the words "Limi	ted Liability Comp	any," the designation "L	LC" or the abbreviation
"L.L.C."		<i>,,</i>	
Enter new principal offices address, if applicable:	1499 S Fede	eral Hwy	
(Principal office address MUST BE A STREET ADDRESS)	#520		
	Boynton Bea	ach, FL 33435	
Enter new mailing address, if applicable:	1499 S Fede	eral Hwy	
(Mailing address MAY BE A POST OFFICE BOX)	#520		
	Boynton Bea	ach, FL 33435	
B. If amending the registered agent and/or registered of		our records, enter th	ne name of the new
registered agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street addr	ess
		, Florida	
	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 608, 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 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 = Manager

MGRM = I	MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
			Add				
			Remove				
			Add				
			Remove				
			Add Remove				
							
			Add Remove				
			-				
			Add □Remove				
			Add Remove				
			Remove				
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)					
_			_				
							
_							
							
			<u> </u>				
Dated	,,,,						
	Signature of a member	ror authorized representative of a member	<u> </u>				
	(Jaso	/ n T. Daniel, Esquire					
	Typed	or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00