

LI4000118495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

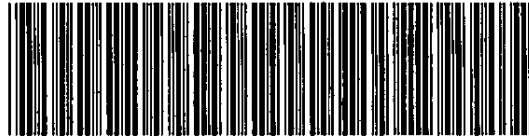
(Business Entity Name)

(Document Number)

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2018 MAR 23 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAR 26 2018  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Educators Prosperity Insurance 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:

Susana Bentley

Name of Person

Educators Prosperity Insurance LLC

Firm/Company

3763 Constancia Dr.

Address

Green Cove Springs, FL 32043

City/State and Zip Code

sbentley@suvitechgrp.com

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

For further information concerning this matter, please call:

Susana Bentley

904 251-4949  
at ( )  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

EDUCATORS PROSPERITY INSURANCE 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 7/28/2014 and assigned  
Florida document number L14000118495.

This amendment is submitted to amend the following:

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

BENTLEY INSURANCE AGENCY LLC

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

**Enter new principal offices address, if applicable:**

1845 TOWN CENTER BLVD. SUITE 110H

**(Principal office address MUST BE A STREET ADDRESS)**

FLEMING ISLAND, FL 32003

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

ROBERT W. BENTLEY JR

New Registered Office Address:

3763 CONSTANCIA DR.

*Enter Florida street address*

GREEN COVE SPRINGS

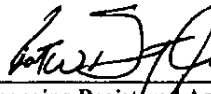
*City*

Florida 32043

*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 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>	<u>Address</u>	<u>Type of Action</u>
AMGR	ROBERT W BENTLEY JR	3763 CONSTANCIA DR	<input checked="" type="checkbox"/> Add
		GREEN COVE SPRINGS, FL	<input type="checkbox"/> Remove
		32043	<input type="checkbox"/> Change
AMGR	SUSANA BENTLEY	3763 CONSTANCIA DR.	<input type="checkbox"/> Add
		GREEN COVE SPRINGS, FL	<input checked="" type="checkbox"/> Remove
		32043	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE FLORIDA

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** 4/01/2018 at 12:01 a.m. (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 21, 2018

  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

**Susana Bentley**

Typed or printed name of signee

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2018 MAR 23 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA