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(Re	equestor's Name)	
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COVER LETTER

TO:

Registration Section Division of Corporations

Bent Oak Farms of Callahan 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:

Shari Graham Name of Person Bent Oak Farms of Callahan LLC Firm/Company PO Box 1694 Address Callahan, FL 32011 City/State and Zip Code

ashley.landspecialty@gmail.com

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

For further information concerning this matter, please call:

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 $at \underbrace{(904)}_{Area\ Code} \underbrace{879\text{-}2091}_{Daytime\ Telephone\ Number}$

Name of Person

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

Bent Oak Farms of Callahan 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 1/8/15	and	lassign	ned
Florida document number L15000004560				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
The new name must be distinguishable and end with the words "Limited Liabil	Div. Commony Witho designation W. L. C. on the	a abbraviati	1 I	<u> </u>
•	my company, the designation LLC or the	anorevianc	JN L.L.	C.
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered off		r the πar	m€⊋of	the new
registered agent and/or the new registered office address here	;]]]	in ag
			-	
Name of New Registered Agent:		<u> </u>	7	**************************************
New Registered Office Address:			<u> </u>	2 1
	Enter Florida street address	0). 		U .
	. Florida		£-,	
	City	Zip Co	ode	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre	e to act in this capacity, I further a	gree to co	omply	with the
provisions of all statutes relative to the proper and complete p	performance of my duties, and I am	ı familiar	with a	ind
accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office a				ent is
company has been notified in writing of this change.	auaress, i nereby conjirm that the t	imnea na	шину	

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Bennetts Property Services Inc	PO Box 8918	= Add
,	···	Jacksonville, FL-32329	☐ Remove
		 	□ Remove
		 	
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			Remove
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			Reprove
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			□ Add
			□ Remove

fective date, if other than the date of filing:	(optional
e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be	more than 90 days after
e date this document is filed by the Florida Department of State)	
c date this document is filed by the Florida Department of State) February 10 2015	
red ate this document is filed by the Florida Department of State) The steed February 10	
February 10 2015	
· · · · · · · · · · · · · · · · · · ·	f a member

Page 3 of 3

Filing Fee: \$25.00

