LIL 000154303

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COVER LETTER

TO: Registration Se Division of Cor				•	
Annette Be SUBJECT:	entley LLC				
SOBJECT.					
	Amendment and fee(s) are sub	-			
	Annette Bentley				
		Name of Person			
	Michael Saunders & Com	pant			
	-				
	1801 Main Street				
		Address	- , _,		
	Sarasota Fl 34236				
		City/State and Zip Code			
	annettebentley@michaelsa			TASE 16	
		to be used for future annual report notifi-	cation)	FΩ	
For further information of	concerning this matter, please c	all:		ALL ALLS	<u> </u>
Annette Bentley		941 374-0318 at ()		ARY SSE	FILE
Name o	of Person		Telephone Number	M 2: OF STA F, FLOR	
Enclosed is a check for the	he following amount:			36 EDA	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Annette Bentley LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000154303}{L16000154303}$.	were filed on August 17, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Annette Bentley PLLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1801 Main Street	
(Principal office address MUST BE A STREET ADDRESS)	Sarasota Fl 34236	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	•	
insuming wantess 12111 BE 111 CB1 CT 111CE BOTT		Δ.
		三 台
B. If amending the registered agent and/or registered of	fice address on our records, ente	er the name of the new
registered agent and/or the new registered office address here	e:	55 S =
		SAN SE
Name of New Registered Agent:		門等量口
New Registered Office Address:	and/or registered office address on our records, enter the name of the new red office address here:	
	Effici Fiorida Sirect dadress	
	, Florida	7:- C- 1-
	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 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> **Address** Type of Action □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove B Change AND PREMISE 2: 39 _□ Add □ Remove ☐ Change □ Add _□ Remove ☐ Change

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effective date is listed, the date nee: If the date inserted in this	ist be specific and	d cannot be prior	to date of filing	g or more than 90	days after filing	.) Pursuant to 605.0 will not be listed	20 م
ument's effective date on the	Department of S	State's records		ming requirem	iems, imo date	will not be listed	
record specifies a delay he 90th day after the re	d effective of cord is filed.	date, but no	it an effect	ive time, at	12:01 a.m.	on the earlier	C
ed August 24		, 2016	<u></u> ,				
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Page 3 of 3

Filing Fee: \$25.00