

L17000000061

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(Document Number)

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DIVISION OF CLERK ACTIONS

O. SIMMONS  
AUG 24 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BENTLEY CAR RENTAL OF JACKSONVILLE 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:

ALLISON LOVELADY

Name of Person

THOMAS & LOCICERO PL

Firm/Company

915 MIDDLE RIVER DRIVE, SUITE 309

Address

FORT LAUDERDALE, FLORIDA 33304

City/State and Zip Code

ROBBRENDABENTLEY@AOL.COM

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

For further information concerning this matter, please call:

ALLISON LOVELADY

954 703-3418  
at ( )

Name of Person

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

## BENTLEY CAR RENTAL OF JACKSONVILLE LLC

The Articles of Organization for this Limited Liability Company were filed on 12/29/16 and assigned Florida document number L17000000061.

BENTLEY AUTO RENTAL OF JACKSONVILLE LLC

same

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

Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

\_\_\_\_\_, **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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 DIVISION OF CONSERVATION  
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17 AUG 24 1964  
DIVISION OF ECON. AFFAIRS

17 AUG 22 AM 11:58  
DIVISION OF REVENUE

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**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.

Dated August 15 2017

*Allan Long*  
Signature of a member or a

Signature of a member or authorized representative of a member

Allison S. Lovelady

Typed or printed name of signee