

L17000130508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

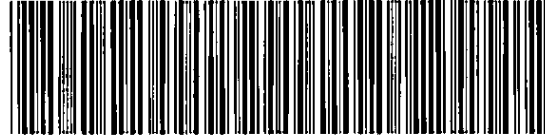
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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LLC amend

RECEIVED
FILED
2022 JUL -5 PM 3:5
2022 JUL -5 AM 9:18
ALL AMASSTL, FLOP
S/O
OFFICE OF STATE
CLERK
TALLAHASSEE, FLORIDA

A. RAMSEY
JUL 06 2022

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THE ACCOUNT: 120210000160 AMOUNT: 35.00

AUTHORIZED SIGNATURE

W. Dexter Bender & Associates, LLC L17000130508
BUSINESS

DOCUMENT #

___ Walk in

___ Pick up time ___

___ Mail out

___ Will wait

___ Photocopy

___ Certified Copy of Articles

___ Certificate of Status

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ Other

___ CORP

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTILLE () _
Country

___ Other

AMMENDMENTS

X Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ Conversion

___ Revocation

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: W. DEXTER BENDER & ASSOCIATES, 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:

Michael A. Scott, Esq.

Name of Person

The Dorcey Law Firm, PLC

Firm/Company

10181 Six Mile Cypress Parkway, Suite C

Address

Fort Myers, FL 33966

City/State and Zip Code

support@dlfregisteredagent.com

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

For further information concerning this matter, please call:

Michael A Scott

239

418-0169

at (_____) _____

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 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

W. DEXTER BENDER & ASSOCIATES, LLC

2022 JUL -5 AM 9:19

(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 06/15/2017 and assigned
Florida document number L17000130508.

This amendment is submitted to amend the following:

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

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:

(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 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:

DLF Registered Agent Service, LLC

New Registered Office Address:

10181 Six Mile Cypress Parkway, Suite C

Enter Florida street address

Fort Myers

City

Florida 33966

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 all 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.

DocuSigned by:

Michael A. Scott

2E9A8DE1952A4AB

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>
MGR	OWEN, PAUL K	4470 CAMINO REAL WAY STE 101	<input type="checkbox"/> Add
		FT MYERS, FL 33966	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KING, TYLER C.	4470 CAMINO REAL WAY STE 101	<input checked="" type="checkbox"/> Add
		FT MYERS, FL 33966	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

