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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Special instructions to	Filling Officer.	

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COVER LETTER

TO:	Registration Section Division of Corporat	ions	• • •	ا من الاستواد الامار	•
SUBJI	ECT:	Behan R	ental_l ed Liability Company	_C	
The en	nclosed Articles of Amer	ndment and fee(s) are subm	nitted for filing.		
Please	return all corresponden	ce concerning this matter to	the following:		
	_	Brio	IN M. Bey	<u> </u>	
	_	Ben	An Rendo	al. L	LC
	-	3742	SW 7th Address	St.	<u> </u>
		<u>Ocala</u>	City/State and Zip Code	1474	
		E-mail address: (to	o be used for future annual re	port notification	
For fu	urther information conce	rning this matter, please ca	11:		
<u> </u>	Srian Mame of Per	Behan	at (<u>352</u>) <u>5</u> Area Code	72 - L Daytime Tele	o 934 phone Number
Enclo	osed is a check for the fo	llowing amount:			
□ \$:	25.00 Filing Fee C	1 \$30.00 Filing Fee & Certificate of Status	\$555.00 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

- Denan Ken	tal LLC
(Name of the Limited Liability Compo (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 11112017 and assigned
Florida document number <u>L17000155555</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	18 SE
	AUC RE
·	27 GRY
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	——————————————————————————————————————
	00 X
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new e:
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>	Address	Type of Action
MGR	Brian M. Behan	3742 SW 7th St.	Add
		Ocala, FL 34474	Kemove
			Change
MGR	Dawn S. Behan	3742 SW 7th St	🗆 Add
		Ocala, FL 34474	KRemove
			Change
MGR	Behan Collective LI	C 3742 SW 7th St	D (Add
		Ocala, FL 34474	□ Remove
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an effective da <u>fote:</u> If the d	te, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more date inserted in this block does not meet the applicable statutory filing reffective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.02 equirements, this date will not be fisted
e record s The 90th	specifies a delayed effective date, but not an effective timeday after the record is filed.	ne, at 12:01 a.m. on the earlier
ated A	Signature of a member or authorized representative of	a member
	organistic of a member of audiorized representative of	a memori

Page 3 of 3

Filing Fee: \$25.00