

L17000170705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

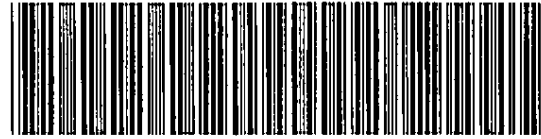
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2018 JAN 12 14:20:42

JAN 12 2018  
J. HARRIS

January 8, 2017

Florida Department of State

Registration Section

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

Dear Florida Department of State,

As CEO of Hedera Group, LLC, I am enclosing my amendment documentation and Filing Fee to change the Registered Agent to myself (previously Legalzoom). Please feel free to contact me at 917-363-0783 should you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'Brian P. Betensky', with a long horizontal flourish extending to the right.

Brian P. Betensky, MD

CEO, Hedera Group, LLC

505 South Osprey Avenue

Sarasota, FL 34236

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hedera Group, 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:

Brian Betensky  
Name of Person

Hedera Group, LLC  
Firm/Company

505 S. Osprey Ave  
Address

Sarasota, FL 34236  
City/State and Zip Code

hederagroup LLC@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Betensky at (917) 363-0783  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Hedera Group, 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 8/10/17 and assigned  
Florida document number L17000170705 EIN 82-2464045

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:

BRIAN PAUL BETENSKY

New Registered Office Address:

505 South Osprey Ave

Enter Florida street address

Sarasota

Florida


34236

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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

**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 January 5, 2018.

ERIAN BETENHAY MD  
Typed or printed name of signee

[illegible]