

L1700247905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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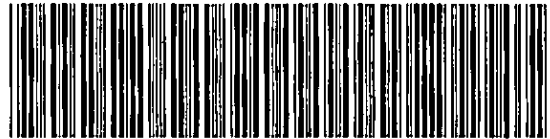
(Business Entity Name)

(Document Number)

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2017 DEC 22 PM 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
DEC 22 2017

COVER LETTER

TO: Registration Section
Division of Corporations

Aquisition Specialist, LLC

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Bengte

Name of Person

SaddleBag, LLP

Firm/Company

1435-104 E. Venice Ave, Suite 314

Address

Venice, FL 34292

City/State and Zip Code

5benges@gmail.com

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

For further information concerning this matter, please call:

Scott A Bengel 574 993-0333 or 993-0334

Name of Person at () Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee☐ \$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Acquisition Specialist, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2017 DEC 22 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/4/2017 and assigned
Florida document number L17000247905.

This amendment is submitted to amend the following:

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

Acquisition Specialist, LLC
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)

Same - No Change

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same - No Change

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:

SaddleBay LLP

New Registered Office Address:

1435-104 E. Venice Avenue

Enter Florida street address

Venice

City

, Florida

34292

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

SaddleBay

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.

SaddleBay

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

Title	Name	Address	Type of Action
AMBR	Saddlebag LLP	1435-104 E. Venice Ave	<input checked="" type="checkbox"/> Add
		Suite 314	<input type="checkbox"/> Remove
		Venice, FL 34292	<input type="checkbox"/> Change
AMBR	Scott A Bengt	1435-104 E. Venice Ave	<input type="checkbox"/> Add
		Suite 314	<input checked="" type="checkbox"/> Remove
		Venice, FL 34292	<input type="checkbox"/> Change
AMBR	Serena K. Bengt	1435-104 E. Venice Ave	<input type="checkbox"/> Add
		Suite 314	<input checked="" type="checkbox"/> Remove
		Venice, FL 34292	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2009 DEC 22 PM 5:05
 CLERK OF SUPERIOR COURT
 HALL COUNTY, ALABAMA

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
2011 DEC 22 PM 5:05
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 12/19. 2017


Signature of a member or authorized representative

Scott A. Bengel
Typed or printed name of signee