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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BETHEL REALTY, 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:
ANDREW S. ROLLE Name of Person
BETHEL REALTY, LLC. Firm/Company
3212 STRAWFLOWER WAY #215_
City/State and Zip Code City/State and Zip Code Com E-mail address: (to be used for Juture annual report notification)
E-mail address: (to be used for Juliure annual report notification)
For further information concerning this matter, please call:
ANDREW S. ROLLE at (407) 416-08 45 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup Certificate of Status & \Bigcup Certificate of Status & \Bigcup Certified Copy (additional copy is enclosed) \Bigcup \$60.00 Filing Fee, \Bigcup Certificate of Status & \Bigcup 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

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ty Company as it now appears on o	UR records.) TALIAHASSEE FLORIDA
a Limited Liability Company)	S.F. FLORIDA
Company were filed on Febru	1974 16 2018 and assigned
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nited Liability Company," the designation	tion "LLC" or the abbreviation "L.L.C."
RESS)	
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Free Florida	
Enter r torida str	
City	, Florida Zip Code
	ited liability company here: ited Liability Company," the designar RESS) ctered office address on our ress here: Enter Florida str

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 Type of Action <u>Title</u> Address Name ANDREW S. ROLLE 3212 strawFlower Way #215 MGR Lake Worth, FL 33467 _□ Change 🗖 Add _□ Remove ☐ Change n ja change □ ☐ Remove _□ Change □ Add ☐ Remove _□ Change □ Add □ Remove _□ Change

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	ne record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied.	Dated February 16, 2018. Anahur Rolle Signature of a member or authorized to	

Page 3 of 3

Filing Fee: \$25.00