

L18000275271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

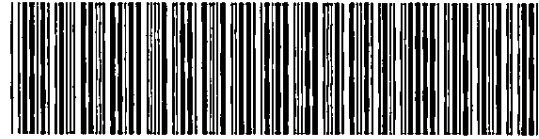
(Business Entity Name)

(Document Number)

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19 MAR -4 PM 6:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 13 2019
S. YOUNG

COVER LETTER

1064

TO: Registration Section
Division of Corporations

SUBJECT: Bent Creek 9264, 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:

Judith A. Hutchins
Name of Person

Firm/Company

6607 Glen Arbor Way
Address

Naples FL 34119
City/State and Zip Code

judyhutchins2845@gmail.com
E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

Judith Hutchins at (952) 201-0189
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

Bent Creek 9264, 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 11/28/2018 and assigned
Florida document number L18000275271

This amendment is submitted to amend the following:

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

no change

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)

no change

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

no change

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MAR - 11 PM 6:24
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

. 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:

no change

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

By 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.

no 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>
MGR	ROBERT B HUTCHINS	6607 Glen Arbor Way	<input type="checkbox"/> Add
		Naples FL	<input checked="" type="checkbox"/> Remove
		34119	<input type="checkbox"/> Change
AMBR	William W Hutchins	6607 Glen Arbor Way	<input type="checkbox"/> Add
		Naples FL	<input checked="" type="checkbox"/> Remove
		34119	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

no changes

Effective date, if other than the date of filing: 01/01/2019 (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.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
1) The 90th day after the record is filed.

Dated 02/25/2019

J Hutchins
Signature of a member or authorized representative of a member
Judith A. Hutchins
Typed or printed name of signee