# LZ0000332311

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
	_	
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2020

ANTHONY BENNETT LLC 2025 WASHINGTON ST HOLLYWOOD, FL 33020

SUBJECT: ANTHONY BENNETT LLC

Ref. Number: L20000332311

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE NOTE THAT OWNER IS NOT AN ACCEPTABLE TITLE FOR THE AUTHORIZED PERSON DETAIL INFORMATION, HOWEVER, YOU MAY USE MGR/OWNER OR AMBR/OWNER AS SUITABLE DESIGNATIONS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 120A00025806

www.sunbiz.org

#### **COVER LETTER**

ANTHON	Y BENNETT LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Anthony Bennett		
		Name of Person	<del>,</del>
	Anthony	Bennett 11c	<u> </u>
	2025 washington st	Firm/Company	
	Hollywood F1. 33020	Address	
	ANTHONY.A.BENNETT	City/State and Zip Code 056@gmail.com	<u> </u>
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	concerning this matter, please c	all:	
Anthony Bennett		954 4836425	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	he 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)

TO:

**Registration Section Division of Corporations** 

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HATABITY DE 11	ett LLC	
(Name of the Limited Liability Co (A Florida Lim	nited Liability Company)	
The Articles of Organization for this Limited Liability Comp.  L20000332311		and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		921
		021 JA1
inter new mailing address, if applicable:		26
Mailing address MAY BE A POST OFFICE BOX)		· <u>Þ</u>
		9
		56
<ol> <li>If amending the registered agent and/or registered off gent and/or the new registered office address here:</li> </ol>	fice address on our records, enter the na	me of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>	, Florida _	Zin Civla

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

A LI su

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>	Type of Action
MGR	Anthony Bennett	2025 Washington st apt 105 Hollywood, FL 33020	<b>=</b> Add
			□Remove
			Change
			□Add
			🗆 Remove
			□Change
		□Remove	
			Change
			□Add
		<u> </u>	🗆 Remove
		·	□Change
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(If an effe	tive date, if other than the date of filing:
the record ford is file	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 d.
Dated _	Signature of a member or authorized representative of a member
	Anthony Bennett Typed or printed name of signee

Filing Fee: \$25.00

Helio my name is Anthony Bennet :

If you need any further information please feel free to call me at 954-483-6425