## L21000094456

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
· (Do	cument Number;	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		4/8/21 TM

Office Use Only



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21 AFR 19 AH 9: 50

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Divi	ision of Cor	porations		
		ldings, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
			water etc.	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return	all correspo	endence concerning this matter	to the following:	
		Chris Russell		
			Name of Person	
		Bentlee Holdings, LLC		
			Firm/Company	
		92 Pimlico Drive		
		<del></del>	Address	<del></del>
		Crawfordville, Florida 323	27	
		<del></del>	City/State and Zip Code	· <u> </u>
		fcrussell92@gmail.com		
			to be used for future annual report not	tification)
For further in	formation c	oncerning this matter, please c	all:	
Chris Russell	l		850 879-1091 at ()	
	Name of	f Person	Area Code Daytir	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres		Street Address:	
	gistration S	orporations	Registration So Division of Co	
	Box 632	•	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bentlee Holdings, LLC

21 APR 19 AH 9: 59

(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 Com	npany were filed on 02/25/2021	and assigned
Florida document number <u>L21000094456</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	office address on our records, enter th	ne name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	. Flor	rida
	City	ida

## 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	lanager Authorized Member	Samula et a Capacitation	
<u>Title</u>	Name	Address 21 APR 19 AM 9: 59	Type of Action
AMBR	Valerie M. Russeli	92 Pimlico Drive	□Add
		Crawfordville, Florida 32327	= Remove
			□Change
AMBR	Frank C. Russell	92 Pimlico Drive	<b>=</b> Add
		Crawfordville, Florida 32327	□Remove
			□Change
			🗆 Add
			Remove
			□Change
			□Add
			□Remove
			[] Change
			🗆 Add
			□Remove
			□Change
			□ Add

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Filing Fee: \$25.00