

L21000303677

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000271586 3)))



H210002715863ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GILLIGAN, GOODING, BATSEL, ANDERSON & PHELAN, P.A.  
Account Number : I20010000016  
Phone : (352)867-7707  
Fax Number : (352)867-0237

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jgooding@ocalalaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BENNAH OAKS LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

H210002715863

# 210002715863  
~~# 210002689283~~

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BENNAH OAKS 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:

W. James Gooding III

Name of Person

Gilligan, Gooding, Batsel, Anderson & Phelan, P.A.

Firm/Company

1531 SE 36 Avenue

Address

Ocala FL 34471

City/State and Zip Code

jgooding@ocalalaw.com

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

For further information concerning this matter, please call:

W. James Gooding III

352 867-7707

Name of Person

at ( )

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 Address:

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

~~# 210002689283~~  
# 210002715863

H210002715863

~~H210002689283~~

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BENNAH OAKS 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 July 1, 2021 and assigned  
Florida document number L21000303677.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

**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**

~~H210002689283~~

H210002715863

FILED  
JUL 15 PM 2:55  
TALLAHASSEE, FLORIDA  
STATE OF FLORIDA

~~H210002689283~~ H210002715863

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	MATTHEW P. FABIAN	4349 SE 20th Street	<input checked="" type="checkbox"/> Add
		Ocala FL 34471	<input type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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

~~H210002689283~~  
H210002715863

~~#210002689283~~

#210002715863

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

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be earlier than 555)

(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 July 13 2021

~~Signature of a member or authorized representative of a member~~

W. James Gooding III as Authorized Representative of a Member

Typed or printed name of signee

FILED  
2022 JUL 15 PM 2:55  
Sealed by State  
TALLEHASSEE, FLORIDA  
90th day after

~~#210002689283~~

# 210002715863

**Filing Fee: \$25.00**