

122 000026056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

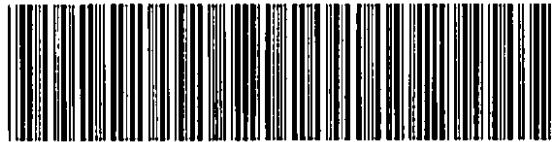
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

Office Use Only



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03/21/22--01020--030 **25.00

4-6-22
TAS
2022/04/21 12:00 PM

S | M
SMOLKER MATHEWS, LLP

March 18, 2022

VIA U.S. MAIL

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

Re: Amendment to Articles of Incorporation for new Manager

To Whom It May Concern:

This firm represents Preserve Bent Pine, LLC. Enclosed please find a completed and executed Articles of Amendment to Articles of Incorporation of Preserve Bent Pine, LLC to add and remove a Manager. Also enclosed please find a check for \$25.00 for the filing fee for same. Please file and process the Amendment at your earliest convenience.

Please feel free to contact me with any questions.

Thank you.

/s/ R. Clay Mathews
R. Clay Mathews, Esq.

cc: Client

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Preserve Bent Pine, 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:

R. Clay Mathews, Esq.

Name of Person

Smolker Mathews, LLP

Firm/Company

100 South Ashley Drive, Suite 1490

Address

Tampa, FL 33611

City/State and Zip Code

clay@smolkermathews.com

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

For further information concerning this matter, please call:

R. Clay Mathews, Esq.

813

819-2552

at (_____) _____

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 Address:

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

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	Cass Young	2739 Ocean Drive, Unit 30C	<input checked="" type="checkbox"/> Add
		Vero Beach, Florida 32963	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jennifer Vail	5785 Turnberry Lane	<input type="checkbox"/> Add
		Vero Beach, Florida 32967	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

090

187

222

Effective date, if other than the date of filing: _____ (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)

Dated 3/18/22, _____

Signature of a member or authorized representative of a member

Jennifer L. Vail
Typed or printed name of signee