

L24000245254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

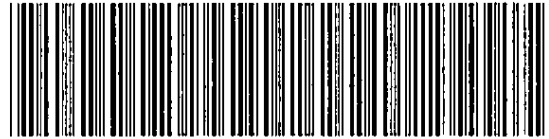
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2024 JUL -3 AM 8:49

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2024 JUL -3 PM 2:08

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**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 07/03/24

NAME: BENTLEY SEA COAST LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE





FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2024

FLORIDA FILING & SEARCH SERVICES

SUBJECT: BENTLEY SEA COAST LLC
Ref. Number: L24000245254

We have received your document for BENTLEY SEA COAST LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the Limited Liability Company needs to be corrected the LLC got changed to LLS. The name of the MBR being removed the name must be listed how it appears of DOS records.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 124A00014638

Please Keep original filing date

Thank you

2024 JUL 11 PM 2: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED

BENTLEY SEA COAST LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2024 JUL -3 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
and assigned

The Articles of Organization for this Limited Liability Company were filed on 06/04/2024

Florida document number L24000245254

This amendment is submitted to amend the following:

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

America Sea Coast LLC

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:

68 SE 6th St, Apt 3206

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL, 33131

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

_____, Florida _____

City

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

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>
MBR	America P.E. XLIII Fundo de Investimento E	Rua Urussui 71 CJ 56	<input type="checkbox"/> Add
		Itaim Bibi	<input checked="" type="checkbox"/> Remove
		Sao Paulo, SP 04512-050	<input type="checkbox"/> Change
MBR	America P.E. XLIII F.I.P	Rua Urussui 71 CJ 56	<input checked="" type="checkbox"/> Add
		Itaim Bibi	<input type="checkbox"/> Remove
		Sao Paulo, SP 04512-050 Brazil	<input type="checkbox"/> Change
MGR	Ronaldo Tirico Linero	Rua Sanharo, 251	<input checked="" type="checkbox"/> Add
		JD. Guedala	<input type="checkbox"/> Remove
		Sao Paulo, SP 05611-060 Brazil	<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

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

Multiple horizontal lines for amending information.

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2024 JUL -3 AM 8:49
TALLAHASSEE, FLORIDA

E. 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)

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 2nd, 2024

Hannah Amato - Authorized person
Signature of a member or authorized representative of a member

Hannah Amato
Typed or printed name of signer

Filing Fee: \$25.00