

# L24000245254

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

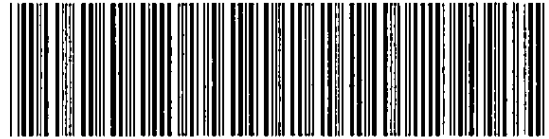
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 07/03/24**

**NAME: BENTLEY SEA COAST LLC**

**TYPE OF FILING: AMENDMENT**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bentley Sea Coast 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:

Hannah Amato

Name of Person

International Business Company Formation

Firm/Company

407 N. Highland Ave

Address

Nyack, NY, 10960

City/State and Zip Code

Compliance@ibcf.com

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

For further information concerning this matter, please call:

Hannah Amato

845

398 0900

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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2024 JUL 11 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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Thank you

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

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
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 JUL -3 AM 8:49  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2024 JUL -3 AM 8:49  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**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.

Dated July 2nd 2024

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

Typed or printed name of signee.

**Filing Fee: \$25.00**