# M21000001695

(	Requestor's Name)
	Address)
·	,
(	Address)
	City/State/Zip/Phone #)
·	,
☐ PICK-UP	WAIT MAIL
	Business Entity Name)
(	Document Number)
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## **COVER LETTER**

	istration Section ision of Corpo					
SUBJECT:	Bentley Firs	t, LLC				
		Name of Limi	ited Liability Company			
The enclosed	l Articles of An	nendment and fee(s) are sub-	mitted for filing.			
Please return	all corresponde	ence concerning this matter	to the following:			
		Gary Gendron				
			Name of Person			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company			
		1279 Rainbow Ct.				
			Address			
		Naples, FL 34110				
			City/State and Zip Code			
		fsudc@yahoo.com				
	•	E-mail address: (1	to be used for future annual report notific	ation)	23	(0)
For further in	oformation conc	erning this matter, please ca	all:		7671 J.T.T. 1.57	
Tuisdie Fi	dler		at (800 ) 375-2453 x1	150		•
	Name of Pe	erson	Area Code Daytime T	Felephone Number	A II: 2u	<u> </u>
Enclosed is a	check for the f	following amount:			24	
<b>€</b> □ <b>\$</b> 25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	ng Fee, of Status &	

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bentley First, LLC					
(Name of the Limite	ed Liability Compa (A Florida Limited I	iny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Li Florida document number M21000001695				_ and ass	signed
Florida document number	·				
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	on "LLC" or the abbr	eviation "L.	.L.C."
Enter new principal offices address, if applica	able:		-·		
(Principal office address MUST BE A STREE	T ADDRESS)			<del></del>	
Enter new mailing address, if applicable:		1279 Rainbow Ct.			
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	Naples, FL 34110			<del></del>
			<del></del>		<del></del>
B 16		oc			رم. دری: م <b>د داد</b> ه محس
B. If amending the registered agent and/or the new registered of	or registered of <u>fice address her</u>	mce address on our r <u>e</u> :	ecoras, <u>enter tr</u>	<u>e nagne</u>	or the new
		_		<u> </u>	
Name of New Registered Agent:					•
New Registered Office Address:	1279 Rainb			AL	
-		Enter Florida stree	t address	≥	
	Naples		, Florida <u>34</u> 1	<u>fō</u>	
		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>	Address	Type of Action
AMBR	Gary Gendron	1279 Rainbow Ct.	
		Naples, FL 34110	Remove
			Change
AMBR	Karen Yale	1279 Rainbow Ct.	Add
		Naples, FL 34110	Remove
			🔀 Change
			□ Remove
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			☐ Remove
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			Remove
			Change
		<del></del>	Remove
			Change

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	7
	2021
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an effective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 tote:  If the date inserted in this block does not meet the applicable statutory filing requires ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	12:01 a.m. on the earlier o
ated March 23 . 2021	

Page 3 of 3

Filing Fee: \$25.00