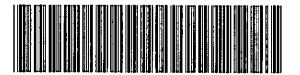
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		ORLANDO NORENA			
			Name of Person	,	2022 AUG -8 SECRETAR TALLAHASS
	Division of Corporations BERNARDO PROPERTIES LLC Name of Limited Liability Company ne enclosed Articles of Amendment and fee(s) are submitted for tilling. case return all correspondence concerning this matter to the following: ORLANDO NORENA Name of Person Firm Company 8200 WHISPERING PALM DR Address BOCA RATON FL 33496 City/State and Zip Code orlandonorena@gmail.com E-mail address: tto be used for future annual report notification) or further information concerning this matter, please call: RLANDO NORENA Name of Person Area Code Daytine Telephone Num belosed is a check for the following amount: \$\frac{3}{2}\$\$\$\text{\$\$\t		***************************************	HASE AS -	
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P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BERNARDO PROPERTIES 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 01/24/2022 _____ and assigned Florida document number 1.22000070614 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 "L.L.C." 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

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

. Florida

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
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