# 104000089491

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#### **COVER LETTER**

SUBJECT:	BERGMANN MANAGEMENT, LLC				
30 BODG 1.		Name of Lim	nited Liability Company	<del></del>	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	indence concerning this matter	to the following:		
		Jesse S. McIntyre			
			Name of Person	<u> </u>	
		McIntyre & Henderson, P	LLC		
			Firm/Company		
		105-B Solana Rd.			
		<del></del>	Address		
		Ponte Vedra Beach, FL 32	082		
			City/State and Zip Code		
		jsm@mcintyrehenderson.co			
		E-mail address; (	to be used for future annual report notif	ication)	
For further in	nformation co	oncerning this matter, please co	all:		
Jesse S. Mcl	Intyre		904 274-9771 at ( )		
	Name of	f Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling 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

TO:

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

BERGMANN MANAGEMENT, LLC

FILED

(Name of the Limited Liability Company as it now appears on our fecords.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on December 10, 2004 and assigned Florida document number L04000089491 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 "LLC" or the abbreviation "LLLC." 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 ne 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.

City

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>	Type of Action
MGR	Laura P. Bergmann	24629 Deer Trace Drive Ponte Vedra Beach, FL 32082	Add
			Remove
			Change
MGR	Thomas C. Bergmann	24629 Deer Trace Drive Ponte Vedra Beach, FL 32082	
			Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change

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Effective date, if other tha	in the date of filing:		(optional)
(If an effective date is listed, the d Note: If the date inserted in	ate must be specific and cannot be pri	licable statutory filing requir	90 days after filing.) Pursuant to 605.03 ements, this date will not be listed
the record specifies a de The 90th day after th		not an effective time, a	t 12:01 a.m. on the earlier
	2010		
Dated July 18	2019	•	

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00