## L05000 088 485

| (Req                      | uestor's Name)   |             |
|---------------------------|------------------|-------------|
| (Add                      | ress)            | <del></del> |
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| (Add                      | ress)            |             |
| (6)                       | 101 A GT (D)     |             |
| (City)                    | /State/Zip/Phone | e #)        |
| PICK-UP                   | ☐ WAIT           | MAIL        |
|                           |                  |             |
| (Bus                      | iness Entity Nar | ne)         |
|                           |                  | <del></del> |
| (Doc                      | ument Number)    |             |
| Certified Copies          | Certificates     | s of Status |
| Special Instructions to F | iling Officer:   |             |
|                           |                  |             |
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Office Use Only



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2019 OCT 10 PH 4: 56

C. GOLDEN 0CT 3 0 2019

## **COVER LETTER**

| TO:         | Registration Se<br>Division of Cor |  |   |   |
|-------------|------------------------------------|--|---|---|
| cum         |                                    | Glades, LLC                                  |   |   |
| SOB         | JECT:                              |  | ted Liability Company   |   |
| The e       | nclosed Articles of                | Amendment and fee(s) are subn                | nitted for filing.  |   |
| Please      | e return all correspo              | ondence concerning this matter t             | o the following:  |   |
|             |                                    | Craig J. Bernstein                           |   | aytime Telephone Number  S60.00 Filing Fee, Certificate of Status & |
|             |                                    |  | Name of Person  | <del></del>   |
|             |                                    | Bernstein Associates, LLC                    |   |   |
|             |                                    |  | Firm/Company  |   |
|             |                                    | 7607 Coddle Harbor Lane                      |   |   |
|             |                                    |  | Address   | <del></del>   |
|             |                                    | Potomac, Maryland 20854                      |   |   |
|             |                                    | <del></del>                                  | City/State and Zip Code   |   |
|             |                                    | carolegarfinkle@aol.com                      |   |   |
|             |                                    | E-mail address: (to                          | o be used for future annual report notific                          | ration)   |
| For fi      | urther information c               | oncerning this matter, please ca             | П:  |   |
| Caro        | le F. Garfinkle                    |  | 301 986-9050<br>at ( )  |   |
|             | Name o                             | f Person                                     | Area Code Daytime   | Felephone Number  |
| Enclo       | osed is a check for the            | he following amount:                         |   |   |
| <b>■</b> \$ | 25.00 Filing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy                              |

MAILING ADDRESS:

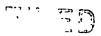
TO:

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



2019 007 10 PM 4: 56

(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 8/31/2005 and assigned Florida document number \_L05000088485 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 "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

N/A

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:  | N/A     |                       |
|--------------------------------|---------|-----------------------|
| New Registered Office Address: | Enter F | lorida street address |
|                                |         | Florida               |
|                                | City    | Zip Code              |

## New Registered Agent's Signature, if changing Registered Agent:

Bernstein-Glades, LLC

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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         | Todd Bernstein | 7226 Ayrshire Lane        | B Add          |
|              |                | Boca Raton, Florida 33496 | D. P           |
|              |                |                           | ☐ Change       |
|              |                |                           |                |
|              |                |                           | Remove         |
|              |                |                           | Change         |
|              |                |                           |                |
|              |                |                           | ☐ Remove       |
|              |                |                           | ☐ Change       |
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|              |                |                           | Remove         |
|              |                |                           | ☐ Change       |
|              |                |                           | □ Add          |
|              |                |                           | □ Remove       |
|              |                |                           | □ Change       |

| Effective date, if other than the date of filing:   |   |  |                           |                                 |                |
|---|---|--|---------------------------|---------------------------------|----------------|
| Effective date, if other than the date of filing:   | <del>-</del>  |  | •                         |                                 |                |
| Effective date, if other than the date of filing:   |   |  |                           |                                 |                |
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| Effective date, if other than the date of filing:   |   |  |                           |                                 |                |
| Effective date, if other than the date of filing:   |   |  |                           |                                 |                |
| Effective date, if other than the date of filing:   |   |  |                           |                                 | . <del></del>  |
| Effective date, if other than the date of filing:   |   |  |                           |                                 |                |
| Effective date, if other than the date of filing:   |   |  |                           | <del>.</del>                    | <u> </u>       |
| f 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 or Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.  Dated October 7 2019  Signature of a member or authorized representative of a member  | · · · · · · · · · · · · · · · · · · ·   |  |                           |                                 |                |
| f 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 or Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.  Dated October 7 2019  Signature of a member or authorized representative of a member  |   |  |                           |                                 |                |
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| The 90th day after the record is filed.  Dated October 7 . 2019   | If an effective date is listed, the date mus<br><b>Note:</b> If the date inserted in this blo | t be specific and cannot be prior<br>ock does not meet the applica |                           | an 90 days after filing.) Purst |                |
| Signature of a member or authorized representative of a member  |   |  | t an effective time       | , at 12:01 a.m. on th           | ne earlier of: |
| C. 3  Signature of a member or authorized representative of a member  | October 7   | 2019   |                           |                                 |                |
|   | , 2   | ·  | <b>_</b> ·                |                                 |                |
|   | <u>C. 2</u>   | Signature of a member or author                                    | rized representative of a | nember                          | <del></del>    |
|   | Craig J. Bernstein  |  | ,                         |                                 |                |

Page 3 of 3

Filing Fee: \$25.00