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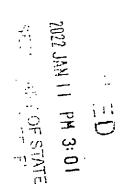
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COVER LETTER

Division of Corp	orations		
SUBJECT: TED BE	ERMAN AND A	ASSOCIATES LL ited Liability Company	<u>-</u>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	REGINA	BER MAN Name of Person	
	TED BERMAN	AND ASSOCIATES Firm/Company	s, LLC
	7970 BISCA	YNE POINT CIRC	:16
	MIAMI BEAC	H, FL 33141 City/State and Zip Code	
	REGIBERMAN E-mail address: (1	OAo L. Com to be used for future annual report notif	ication)
For further information con	ncerning this matter, please ca	all:	
REGINA B Name of 1	Person	at (786) 2/0 3 Area Code Daytime	PG /D Telephone Number
Enclosed is a check for the	following amount:		
54. \$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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IED BERMAN AND	HSSOCIATES, LLC		
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) Ida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number <u>L07000003</u>	Company were filed on	2 and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here:		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the a	abbreviation "L.L	.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here	•	me of the new 2022 JAA	<u>registered</u>
Name of New Registered Agent:			-
New Registered Office Address:	Enter Florida street address	<u> </u>	<u> </u>
	, Florida	H 3:1	0
	City	- Zin Conte	

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 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
MGR	REGINA BERMAN	7970 BECAYNE PT. CR MB, FL]M Add <i>3141</i>
			□Change
PA AMBR	JESSICA BERMAN	7970 BISCAYNE POINT CIRC, MB FL	54Add
			□Remove
			□Change
			🗆 Add
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ctive date, i	if other than	the date of filir	19: 5	-7-20	21	(option	nal)	
effective date i	is listed, the date	must be specific an s block does not	id cannot be pri	ior to date of filu	ng or more than	90 days after f	iling.) Pursuant (
		is block does not in Department of			y iting requi	emens, this	uate will not to	e nsteu
	a delayed effe	ective date, but no	ot an effective	time, at 12:01	a.m. on the e	earlier of: (b)	The 90th day	y after th
filed.								
	21/	- 12022						
ed	01/0=	2 / 2022	.•	 -				
	/	Stenargre of a	a Ro.	lma i				
		Signature of a	member or au	athorized represe	ntative of a me	mber		_

Filing Fee: \$25.00