

L070000023901

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000027822 3)))



H120000278223ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813) 435-3176
Fax Number : (813) 333-6358

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
12 FEB -1 AM 6:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BERNARD PASS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	13
Estimated Charge	\$25.00

FILED
12 FEB -1 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

FEB - 2 2012

EXAMINER

H120000 278223

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BERNARD PASS, 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 06/13/2007 and assigned
Florida document number L07000023901.

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 end with the words "Limited Liability Company," the designation "LLC" 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)

12 FEB -1 AM 8 30
TALLAHASSEE, FLORIDA

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: THE LAW OFFICES OF NICK SPRADLIN, PLLC

New Registered Office Address: 18952 NORTH DALE MABRY HWY STE 102
Enter Florida street address

LUTZ, Florida 33548
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 608, 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.

66
If Changing Registered Agent, Signature of New Registered Agent

01/10/2008 08:57

#0131 P.003/003

H120000278223

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ATMORE MANAGEMENT GROUP, S.A.	12000 NORTH DALE MABRY HWY SUITE 110 TAMPA, FLORIDA 33618	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PATRICIA PERROTTA	18952 NORTH DALE MABRY HWY SUITE 102 LUTZ, FLORIDA 33548	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

12 FEB - 1 AM 8:30
FILED
SEAL
TALLAHASSEE, FLORIDA

Dated 12/28, 2011



Signature of a member or authorized representative of a member

MAI-SIN NG

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

H120000278223