LOS 000081977

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05/27/22--01007--014 **25.00



COVER LETTER

TO:	Registration Section
	Division of Corporations

THE BERRYMAN DESIGN GROUP LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TAMARA M. BERRYMAN

Name of Person

THE BERRYMAN DESIGN GROUP LLC

Firm/Company

1804 SANDALWOOD DRIVE

Address

SARASOTA, FLORIDA 34231

City/State and Zip Code

TAMMY@THEBERRYMANDESIGNGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

■ S25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> 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

FILED

2022 MAY 27 AM 9: 15

THE BERRYMAN DESIGN GROUP LLC		SEORE ARY OF STATE TALLAHASSEE, FL
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our r da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on <u>8/27/2008</u>	and assigned
Florida document number L08000081977		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lia	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u>_</u>	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		··
New Registered Office Address:	Enter Florida street a	ddross
	City	Florida 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 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>	Name	Address	Type of Action
AMBR	TAMARA M BERRYMAN	1804 SANDALWOOD DRIVE	Add
		SARASOTA FLORIDA 34231	□Remove
			□Change
			🗆 Add
		·	□Change
		- <u></u>	🗆 Add
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			🗆 Remove
			□Changc
		<u> </u>	🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			□Change

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

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E. Effective date, if other than the date of filing: ______ (optional) (If 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 24	2022	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	—
	TAMARA M. BERRYWAN.	
	Typed or printed name of signer	

Typed or printed name of signee