116000351517

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Q. SILAS
MAR 15 2022
3/8/22

Office Use Only



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RECEIVED

TALLAHASSEE, FL

Letter Number: 222A00004766

FLORIDA DEPARTMENT OF 342MAR -8 PM 12: 07 DA DEPARTMENT OF STATE

February 25, 2022

KATHLEEN A. BERNHARDT 19915 GULF BLVD UNIT 705 INDIAN SHORES, FL 33785

SUBJECT: BERNHARDT BUSINESS CONSULTING, LLC

Ref. Number: L18000251517

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations				
	Bernhardt Business Consulting, LLC					
SUBJECT:	Name of Limited Liability Company					
The enclosed	I Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	ali correspo	ndence concerning this matter	to the following.			
		Kathleen A. Bernhardt				
			Name of Person	·		
		Bernhardt Business Consul	ting, LLC	Code Innual report notification) 416-5942 Daytime Telephone Number Gree & George Certificate of Status & Certified Copy (additional copy is enclosed)		
			Firm/Company			
		19915 Gulf Blvd. Unit 705				
		Indian Shores, FL 33785				
	City/State and Zip Code					
		kbernhardt0218@gmail.com				
		E-mail address: (i	to be used for future annual report no	tification)		
For further is	nformation c	oncerning this matter, please co	all:			
Kathleen Be	rnhardt		317 416-5942 at ()			
	Name o	f Person	Area Code Daytir	ne 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)	Certificate of Status & Certified Copy		
	iling Addres		Street Address:			
7	gistration S	Section orporations	-			
). Box 632			•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR -8 PM 12: 38

Bernhardt Business Consulting, LLC

(Name of the Limited Liability Company as it now appears on our Sectiffs) TARY UF STATE
(A Florida Limited Liability Company) TALL A HASSEE. FL

The Articles of Organization for this Limited I		10-25-2018	and assigned			
Florida document number L18000251517	 ,					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :				
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if appli	cable:					
(Principal office address MUST BE A STRE	ET ADDRESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE	(BOX)					
B. If amending the registered agent and/or agent and/or the new registered office addre		records, enter the na	me of the new register			
Name of New Registered Agent:	Kathleen Bernhardt					
New Registered Office Address:	New Registered Office Address: 19915 Gulf Blvd Unit 705					
	Enter F	lorida street address				
	Indian Shores	, Florida	33785			
	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 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>	<u>Address</u>	Type of Action
AMBR	James Bernhardt	19915 Gulf Blvd Unit 705	
		Indian Shores FL 33785	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			☐Change
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m effe <u>ote:</u>	ce date, if other than the date of filing: (optional) (cive 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 605.020' if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
ecord is tile	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 ed.
ited _	3-5-2022
	X II A A A
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00