120000025662

(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:

Office Use Only



800364374428

05/17/21--01022--023 **80.00



· hall

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		n Language Interpreting LLC		
oodster.		Name of Lir	nited Liability Company	
The analysis	l Amilal III o			
		Amendment and fee(s) are sul	_	
Please return	all correspo	ndence concerning this matter	r to the following:	
		Pamela Bernkrant		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Champ Sign Language Int	terpreting LLC	
			Firm/Company	
		4167 San Jose Blvd		
			Address	
		Jacksonville, FL 32207		
			City/State and Zip Code	
		Steve@dbcpa.us		
		E-mail address: (to be used for future annual report notif	fication)
For further in	formation co	oncerning this matter, please c	all:	
Steven Brydj	ges, CPA		724 9809960	
Name of Person		Person	at () Area Code Daytimo	e Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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)
Mai	ling Address	•	Straat Addrawa	

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

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

Pamela Bernkrant Translation LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000025662</u>	were filed on 1/18/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial Chanp Sign Language Interpreting LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4167 San Jose Blvd
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32207
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32207
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent: N/A	
New Registered Office Address:	Enter Florida street address
	Enter Florida street address
	, Florida Tin 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.

It 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	Pamela Bernkrant	4167 San Jose Blvd	□Add
		Jacksonville, FL 32207	□Remove
			□ Remove
			□Change
			□Add
			□Remove
			Change
			□Add
<u> </u>			☐ Change
			□Remove
			
			□Change

	
1301	ective date, if other than the date of filing:
If the re-	cord 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 s filed.