

L20 000 159/30

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

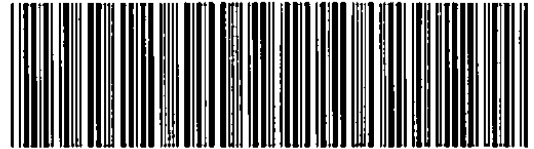
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/30/20--01012--016 ***

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JUN 29 2020

2020 JUN 29 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
AUG 11 2020

TO: Registration Section
Division of Corporations

SUBJECT: Bernice A Enterprise, LLC
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:

Robin B Allen

Name of Person

Bernice A Enterprise LLC

Firm/Company

110 Walter Way, # 1886

Address

Stockbridge, Georgia, 30281

City/State and Zip Code

allenrb.properties@gmail.com

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

For further information concerning this matter, please call:

Robin B Allen

678

571-3570

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing
Certificate of Status &
Certified Copy
(additional copy is enclosed)

RECEIVED
TALLAHASSEE, FL
JUN 23 16 31

Mailing Address:

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

TO
ARTICLES OF ORGANIZATION
OF

Bernice A Enterprise 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 June 10, 2020 and ;
Florida document number L2000159130.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the
agent and/or the new registered office address here:

Name of New Registered Agent:

NA

New Registered Office Address:

NA

Enter Florida street address

Florida

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 co provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this de being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liat company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered A:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	Larry Akins	2481 Northeast Coachman Road, Apt 212 Clearwater, FL 33765	<input checked="" type="checkbox"/> / <input type="checkbox"/> F <input type="checkbox"/> C
MGR	Valerie Allen	110 WalterWay #1886 Stockbrdige, Georgia 30281	<input checked="" type="checkbox"/> / <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> / <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> / <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> / <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> / <input type="checkbox"/> F <input type="checkbox"/> C

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

NA

2020 JUN 29 PM 5:16
SECRETARY OF STATE
TALLAHASSEE, FL

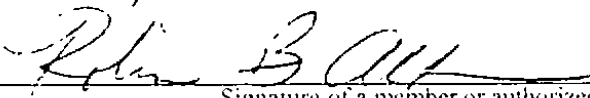
E. Effective date, if other than the date of filing: _____ (optional)

(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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 a record is filed.

Dated June 27, 2020



Signature of a member or authorized representative of a member

Robin B. Allen

Typed or printed name of signer

Filing Fee: \$25.00