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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Nume)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
AUG 2 4 2023
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08/07/28--01026--024 **25.00



COVER LETTER

Registration Section

TÖ:

Division of Corporations				
Bernice A	Enterprise LLC			
SUBJECT:	Name of Lim	ited Liability Company		
TTI	A A A A A A A A A A	unitered for Gling		
The enclosed Afficies of	Amendment and fee(s) are sub	anitied for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Robin B Allen			
		Name of Person		
	Bernice A Enterprise LLC			
	·	Firm/Company		
	110 Walter Way # 1886			
		Address	· · · · · · · · · · · · · · · · · · ·	
	Stockbridge GA 30281			
		City/State and Zip Code		
	berniceaenterprises@gmail.		F	
		to be used for future annual report noti	ication)	
For further information of	oncerning this matter, please c	all:		
Robin B Allen		678 571-3570		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of 7 2415 N. Monro	porations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT 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 assigned
Florida document number L200000159130 .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Not Applicable	
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:	Not Applicable
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	Not Applicable
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: See attached pa	ge completed by New Registered Agent & Authorized Member 4
New Registered Office Address:	Enter Florida strect address
	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.

See diffected pare
If Changing Registered Agent, Sgnature 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>	Address	Type of Action
MGR	Larry D Akins	2550 Stagrun Boulevard, Apt 725	🗀 Add
		Clearwater FL 33765	≣Remove
			ПСһапус
			□Add
			🗀 Remove
			□ Change
			□Add
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Effecti If an effi	ve date, if other than the date of filing: (optional) retive 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)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docum	ent's effective date on the Department of State's records.
e recore ord is fil	I 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.
Dated _.	August 3, 2023
···· •	
	John & all
	Signature of a member or authorized representative of a member
	Robin B Allen, Authorized Member/Owner

Filing Fee: \$25.00

Typed or printed name of signee