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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | idress) | |
| (Ac | idress) | 100 |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SEGRETARY OF STATE
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COVER LETTER

| Division of Corpo | orations | | |
|------------------------------|--|---|--|
| SUBJECT: | GOM 2016) Name of Limi | Bernada Red | ilty, LLC |
| The enclosed Articles of Ar | mendment and fee(s) are subt | mitted for filing. | |
| Please return all correspond | dence concerning this matter | to the following: | |
| | Gonzder & 120 SW 9151 Plantakin | FL 33324 | ······································ |
| | Marita 36 | o be used for future annual report noti | fication) |
| For further information con | cerning this matter, please ca | | , |
| Maria Gon | 12Cle 1 Person | at (954) 604 Area Code Daytim | 847S e 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: | | Street Address: | |

TO:

Registration Section

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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

o Baca d Dacidi IIC

| Sonzau & Derv | | s on our records) | |
|---|-----------------------|---------------------------------------|------------------|
| (Name of the Limited Liability Comp (A Florida Limited | Liability Company) | y on our regords. | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000375618</u> . | , were filed on | 12/01/2020 | _ and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited lial | oility company he | <u>re</u> : | |
| Maria del Pilar Gon 2 | | • | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the d | esignation "LLC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if applicable: | | <u> </u> | -2 |
| Principal office address MUST BE A STREET ADDRESS) | | TA: | ~ <u>~</u> |
| | | | 5 |
| | | · · · · · · · · · · · · · · · · · · · | 2 |
| Enter new mailing address, if applicable: | | 60 m. 05 m. 05 m. | <u> </u> |
| Mailing address MAY BE A POST OFFICE BOX) | - | [*1cn | |
| | | <u> </u> | 9 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our r | ecords, enter the name o | of the new regis |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Flor | rida street address | |
| | City | , Florida | Zip Code |
| | • | | zip Code |
| New Registered Agent's Signature, if changing Registered Agent | | | a to somehous |
| hereby accept the appointment as registered agent and ag | ree to act in this i | capacuy, 1 juriner agree | z to compty wit |

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> | Name | <u>Address</u> | Type of Action |
|--------------|------|----------------|--|
| | | | □ Add |
| | | | □Remove |
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| Tective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 doute: If the date inserted in this block does not meet the applicable statutory filing requirements of state's records. | 2021 AUG 12 PH 1: 19 SECRE TARY OF STATE |
|---|--|
| an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date. If the date inserted in this block does not meet the applicable statutory filing requirement | ZI AUG 12 PH II: I |
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| occument's effective date on the Department of State's records. | ys after filing.) Pursuant to 605.02 |
| | ns, this date will not be listed |
| | |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie | r of: (b) The 90th day after th |
| is filed. | |
| ated Tuly 7th , 2021 | |
| | |
| Signature of a member or authorized representative of a member | |
| Mana del Pilar Gonzales. | |