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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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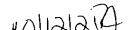
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COVER LETTER

TO:

FO: Registration Sc Division of Cor					
	ORFF ENTERPRISES, LLC.				
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.			
	ondence concerning this matter				
	MARK BERNSDORFF				
		Name of Person			
		Firm/Company			
	545 CHANNELSIDE DRI				
		Address			
	TAMPA, FL 33602				
	MBERNSDORFF5@GMA				
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ilication)		
KRISTIN ESTRADA		727 535-3118			
Name	of Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Description Section		Street Address: Registration S	ection		
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BERNSDORFF ENTERPRISES, LC.	
(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 09/16/2021	and assigned
forida document number 1.21000411514	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
BERNSDORFF CAPITAL, LLC.	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, <u>enter the agent and/or the new registered office address here:</u>	he name of the new regist
	9
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
. Flo	rida <u>ÇA</u> Zp/Cod6-3
City	Zip'Cod€-`

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 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	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			[]Change
			□Add
			Remove
			🗆 Add
			□Remove
			□ Change
			□ Add
			□Remove
			☐ Change
			□ Add
			□Remove
			C'hann.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 after the record is filed. 2021 Signature of a member or authorized representative of a member MARK BERNSDORFF Typed or printed name of signee

. . . .