L23000189263

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COVER LETTER

DIANE BE SUBJECT:	RGERON LLC		
SUBJECT:	Name of Lim	ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DIANE BERGERON		
	-	Name of Person	_
	DIANE BERGERON LLC		
		Firm/Company	_
	5243 SW 11TH STREET		7073
		Address	023 E3Y -
	PLANTATION, FLORIDA	A 33317	<u> </u>
		City/State and Zip Code	
	dianebergeronrealtor@gma:		Fil 4: 05
	E-mail address: (to be used for future annual report notification)	05
For further information c	oncerning this matter, please co	all:	
DIANE BERGERON		754 368-4397	
Name o	f Person	Area Code Daytime Telephone Num	ber
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification	Filing Fee. leate of Status & led Copy onal copy is enclosed)
Mailing Address Registration S		Street Address: Registration Section	

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

Registration Section

Division of Corporations

TO:

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

DIANE BERGERON LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L23000189263</u> .	ere filed on APRIL 17TH, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and contain the words "Limited Liability (Company," the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		20
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
_		
	. •	•
Enter new mailing address, if applicable:		<u>. 3</u>
Mailing address MAY BE A POST OFFICE BOX)		·
	fr	· 01
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here: Name of New Registered Agent:	lress on our records, enter the name	of the new regis
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	, Florida	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.

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>	<u>Address</u>	Type of Action
MGR	DIANE BERGERON	5243 SW LITH STREET PLANTATION FL 33317	= Add
			□Remove
			□Change
			🗆 Add
			☐Remove
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ffective date, if other than the date of filing:	(optional)	z n 5 . n 20
an effective date is listed, the date must be specific and cannot be prior to date of filing or more to the date inserted in this block does not meet the applicable statutory filing recocument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on this filed.	he earlier of: (b) The 90th	day after the
ated April 26th 2003		
' / (C M / (L O K T O K M)		