L24000101678



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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	rporations				
Day	and's IIC				
SUBJECT: <u>Bei</u>	Name of Lin	nited Liability Company			
The analogue Articles of	Amandman and factor associated	unitard for Oliva			
	Amendment and fee(s) are sub	_			
Please return all correspo	ondence concerning this matter	to the following:			
	Į.	0			
	Nicole Perry Name of Person				
	Bernard's	Firm/Company			
		Firm/Company			
	and clare	a Kulo - Wat IIO			
	291 N. Clun	a Ave, Unit 110 Address			
	<u> </u>	32720			
	10 6 h 10 d	City/State and Zip Code			
	E-mail address: (SMKt. com to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please c				
	•				
Nicole Pe	iry	at (<u>386</u>) <u>848 - 7</u> Area Code Daytime	864		
Name o	f Perkon	Area Code Daytime	: Telephone Number		
Enclosed is a check for the	ie following amount:				
S≥\$25,00 Filing Fee	□ \$30.00 Fiting Fee &	□ \$55.00 Filing Fee &	☐ \$60,00 Filing Fee.		
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy		
			(additional copy is enclosed)		
Mailing Addres	.,	Street Address:			
Registration S	Section	Registration Sec	etion		
Division of C		Division of Cor The Centre of T			
11 11 130 8 0 5 7	1	ine (epire at l	ADARTANCE		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bernards LiC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>V24000101678</u> .	were filed on 02.27 2024 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	i <u>lity company here</u> :		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	Olland, FL 32720		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	238 N. Clara Ave. Unit 110		
Mailing address MAY BE A POST OFFICE BOX)	Deland FL 32720		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new register		
Name of New Registered Agent:	- 1		
New Registered Office Address:	Enter Florida street address (2) Florida 32		
	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.

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

Title '	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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iffect :	ve date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
locum	ent's effective date on the Department of State's records.
recor d is til	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
Yated	<u>September 30 . 2024 .</u>
med	
	$A \vdash A$
	Signature of a member or authorized representative of a member