

L24000465562

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000374498 3)))



H240003744983ABCE

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HAND ARENDALL HARRISON SALE LLC
Account Number : T20190000128
Phone : (850)769-3434
Fax Number : (251)544-1643

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: dmoniz@handfirm.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BERNINGER FAMILY 6 LLC**

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$30.00

NOV 13 2024
A. LUN

DocuSign Envelope ID: C8CCEE98-F139-4AC8-AF8F-48E83F13EAA0

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: BERNINGER FAMILY 6 LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DION J. MONIZ, ESQ.

Name of Person

HAND ARENDALL HARRISON SALE

Firm/Company

35008 EMERALD COAST PARKWAY, SUITE 500

Address

DESTIN, FLORIDA 32541

City/State and Zip Code

dmoniz@handfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Medina

850

650-0010

at ()

Name of Person

Area Code

Daytime 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:**Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**Street Address:**Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H 240003744983

H240003744983

DocuSign Envelope ID: C8CCEE98-F139-4AC8-AF8F-48E83F13EAA0

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>	<u>Type of Action</u>
AMBR	KATI BERNINGER	11026 EAST EIGHT MILE ROAD	<input type="checkbox"/> Add
		STOCKTON, CALIFORNIA 95212	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DARREN BERNINGER	11026 EAST EIGHT MILE ROAD	<input type="checkbox"/> Add
		STOCKTON, CALIFORNIA 95212	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KATI BERNINGER	11026 EAST EIGHT MILE ROAD	<input checked="" type="checkbox"/> Add
		STOCKTON, CALIFORNIA 95212	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DARREN BERNINGER	11026 EAST EIGHT MILE ROAD	<input checked="" type="checkbox"/> Add
		STOCKTON, CALIFORNIA 95212	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H240003744983

