

109 000000235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

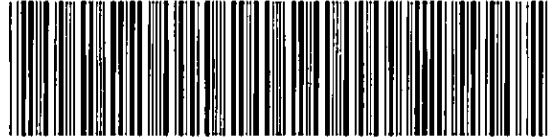
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Certificates of Status \_\_\_\_\_

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2022 SEP 28 PM 3:32

10/1/22

10/1/22

2022 SEP 28 PM 8:48

10/1/22

10/1/22

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 963168 4310149

AUTHORIZATION :



COST LIMIT : \$ 55,000

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ORDER DATE : September 20, 2022

ORDER TIME : 2:13 PM

ORDER NO. : 963168-010

CUSTOMER NO: 4310149  
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FOREIGN FILINGS

NAME: MCNARY BERGERON & ASSOCIATES  
LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** McNary Bergeron & Associates LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Bergeron

Name of Person

McNary Bergeron & Associates LLC

Firm/Company

44 Pond Road

Address

Old Saybrook, CT 06475

City/State and Zip Code

jim@mcnarybergeron.com

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

For further information concerning this matter, please call:

James Bergeron

at ( 860 ) 388-2267

Name of Person

Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☒ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 OCT -5 AM 11:25

September 29, 2022

CORPORATION SERVICE COMPANY

**RESUBMIT**  
Please give original  
submission date as file date.  
9/28/22

SUBJECT: MCNARY BERGERON & ASSOCIATES, LLC  
Ref. Number: M09000000235

We have received your document for MCNARY BERGERON & ASSOCIATES, LLC and the authorization to debit your account in the amount of \$55.00. However, the document has not been filed and is being returned for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please submit a certificate or document with a seal reflecting the name change and the date of the name change.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 322A00021707

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

2022 SEP 28 AM 8:48

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: McNary Bergeron & Associates LLC

Enter new principal office address, if applicable:  
(Principal office address)  
MUST BE A STREET ADDRESS)  
44 Pond Road  
Old Saybrook, CT 06475

Enter new mailing address, if applicable:  
(Mailing address)  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M09000000235

3. Jurisdiction of its organization: Connecticut

4. Date authorized to do business in Florida: 01/16/2009

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: McNary Bergeron & Johannesen LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

City, 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.

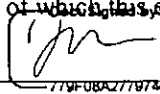
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
 \_\_\_\_\_  
 Signature of the authorized representative


James Bergeron, Authorized Person

\_\_\_\_\_  
 Typed or printed name of signee

**Filing Fee: \$25.00**

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,  
DO HEREBY CERTIFY, that a certificate of amendment of MCNARY  
BERGERON & ASSOCIATES LLC, a domestic limited liability company  
formed April 25, 2003, changing its name to MCNARY BERGERON &  
JOHANNESEN LLC, was filed in this office on September 21, 2022.



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Secretary of the State

Date Issued: September 28, 2022

/bg

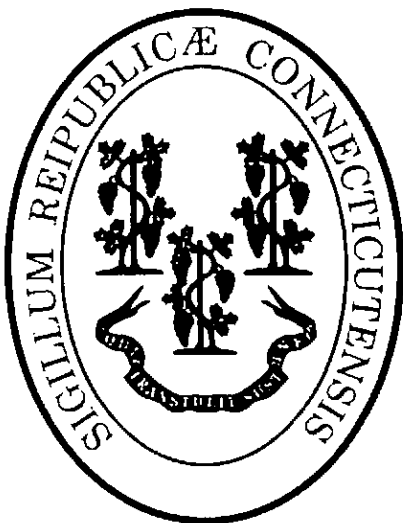
# Secretary of the State of Connecticut

## Mark F. Kohler

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify the annexed copy is a true copy of the record indicated below as filed in this office.

### Certified Copy Details

Business Name	MCNARY BERGERON & JOHANNESSEN LLC
Filing Type	Certificate of Amendment
Number of Pages	1
Filing Date & Time	09/21/2022 10:58 AM



*In testimony whereof, I have hereunto set my hand and caused the Seal of the State of Connecticut to be affixed at the City of Hartford on October 03, 2022.*

A handwritten signature in black ink, reading "Mark F Kohler", with a long horizontal flourish extending to the right.

Mark F. Kohler  
Secretary of the State

Certificate ID: CP-00032885

To verify this certificate, visit: <https://service.ct.gov/business/s/verifycertificate>

Or visit Business.CT.gov, all business services, certificate request, and verify certificate.





# Secretary of the State of Connecticut

PHONE: 860-509-6003 WEBSITE: [www.business.ct.gov](http://www.business.ct.gov)  
EMAIL: [crd@ct.gov](mailto:crd@ct.gov)

OFFICE USE ONLY  
(Label)

## CERTIFICATE OF AMENDMENT

Limited Liability Company: DOMESTIC - USE INK, PRINT OR TYPE. ATTACH 8 1/2" X 11" SHEETS IF NECESSARY.

<b>FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):</b> NAME: Wigin and Dana LLP ADDRESS: 265 Church Street  CITY: New Haven STATE: CT ZIP: 06510 EMAIL: TELEPHONE NUMBER:		<b>FILING FEE: \$120</b>  Make checks payable to "Secretary of the State"
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**1. NAME OF LIMITED LIABILITY COMPANY (REQUIRED - Name must exactly match the name on record with the Secretary of the State, including the business designation (e.g., LLC, L.L.C., etc.)):**  
McNary Bergeron & Associates LLC

### 2. STATEMENT OF AMENDMENT (REQUIRED - Check only one of the following statements, 2A, 2B, 2C or 2D):

**THE LIMITED LIABILITY COMPANY'S CERTIFICATE OF ORGANIZATION IS:**

☒ **2A. AMENDED, NAME ONLY:** McNary Bergeron & Johannesen LLC  
(Provide new name, including the business designation, (e.g., L.L.C., LLC, etc.))

☐ **2B. AMENDED ONLY.** In section 3 below, provide the full text of any amendments to the certificate of organization.

☐ **2C. AMENDED AND RESTATED.** In section 3 below, provide the full text of each amendment and attach a complete restatement of the limited liability company's certificate of organization incorporating the amendments.

☐ **2D. RESTATED.** Attach one document integrating all previous amendments into the limited liability company's certificate of organization.

**3. FULL TEXT OF EACH AMENDMENT (REQUIRED if 2B or 2C above is checked. If additional pages attached, check this box ☐ ):**

**4. EXECUTION / SIGNATURE (REQUIRED - Subject to penalties of false statement):**

**DATE SIGNED (mm/dd/yyyy):** 09/13/2022 / \_\_\_\_\_ / \_\_\_\_\_

NAME OF SIGNATORY (print or type)	CAPACITY/TITLE OF SIGNATORY (print or type)	SIGNATURE
James Bergeron	Member	DocuSigned by:  779F08A27797464