

M13000000 4595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

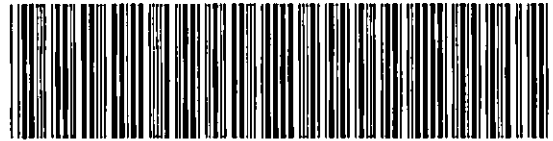
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700321073887

11/26/18--01024--026 \*\*50.00

DEC 03 2018  
S. YOUNG

RECEIVED  
TALLAHASSEE, FLORIDA

18 NOV 26 AM 7:49

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: American Support, 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:

Leslie Gillman  
Name of Person

Bernard, LLC  
Firm/Company

7960 Baymeadows Way, Bldg 6  
Address

Jacksonville, FL 32256  
City/State and Zip Code

lgillman@bernardbgo.002  
E-mail address: (to be used for future annual report notification)

FILED  
18 NOV 26 AM 7:49  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Leslie Gillman at ( 919 ) 525-1018  
Name of Person Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

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

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

**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)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: American Support, LLC

Enter new principal office 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

2. The Florida document number of this limited liability company is: M13000034895

3. Jurisdiction of its organization: NC

4. Date authorized to do business in Florida: 07/22/2013

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

5. New name of the limited liability company: Bernard, LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC")

Bernard (BPO), 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*

\_\_\_\_\_, Florida  
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 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>
------------------------	-------------	----------------	-----------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

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.

\_\_\_\_\_  
*Theresa Leslie*  
Signature of the authorized representative

\_\_\_\_\_  
*Theresa Leslie*  
Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
 NOV 26 AM 10:49  
 TALLAHASSEE, FLORIDA



# NORTH CAROLINA

## Department of the Secretary of State

To all whom these presents shall come, Greetings:

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF AMENDMENT

OF

AMERICAN SUPPORT, LLC

WHICH CHANGED ITS NAME TO

BERNARD, LLC

the original of which was filed in this office on the 20th day of May, 2016.

FILED  
18 NOV 26 AM 7:49  
TALLAHASSEE, FLORIDA



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 20th day of May, 2016.

*Elaine F. Marshall*

Secretary of State

SOSID: 1025383  
Date Filed: 5/20/2016 3:05:00 PM  
Elaine F. Marshall  
North Carolina Secretary of State  
C2016 141 00517

*State of North Carolina*  
*Department of the Secretary of State*

**Limited Liability Company**  
**AMENDMENT OF ARTICLES OF ORGANIZATION**

Pursuant to §57D-2-22 of the General Statutes of North Carolina, the undersigned limited liability company hereby submits the following Articles of Amendment for the purpose of amending its Articles of Organization.

1. The name of the limited liability company is: American Support, LLC
2. The text of each amendment adopted is as follows (attach additional pages if necessary):  

The Articles of Organization of the limited liability company are hereby amended as follows:

Paragraph 1 is hereby deleted in its entirety and is amended to read as follows:

"1. The name of the limited liability company is Bernard, LLC."
3. (Check either a or b, whichever is applicable)  

A. ☐ The amendment(s) was (were) duly adopted by the majority vote of the organizers of the limited liability company prior to the identification of initial members of the limited liability company.

B. ☒ The amendment(s) was (were) duly adopted by the unanimous vote of the members of the limited liability company or was (were) adopted as otherwise provided in the limited liability company's Articles of Organization or a written operating agreement.
4. These articles will be effective upon filing, unless a date and/or time is specified: \_\_\_\_\_

This the 20 day of May, 2016.

American Support, LLC

*Name of Limited Liability Company*



*Signature*

By: AMS Holdings, LLC, its Manager

Matt Zemon, Manager

*Type or Print Name and Title*

Company Officer

SECRET  
TALLAHASSEE, FLORIDA

18 NOV 26 AM 7:49

FILED

**NOTES:**

1. Filing fee is \$50. This document must be filed with the Secretary of State.  
CORPORATIONS DIVISION  
(Revised January 2014)

P. O. BOX 29622

RALEIGH, NC 27626-0622  
(Form L-17)