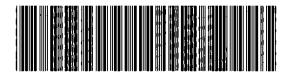
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(Requestor's Name)
(Address)
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TO JUN-2 AH W. LI

D. BRUCE

JUN 3 2010

EXAMINER

COVER LETTER

ŢО:	Registration S Division of Co					
SUBJE	ECT:	BERNUTH	I EXPRESS, LLC.			
	•	Name of Lim	ited Liability Company			
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please	return all corresp	condence concerning this matter	r to the following:	,		
		ROBE	RT W. BLANCK, ESQUIRE			
			Name of Person			
		BL	ANCK & COOPER, P.A.			
			Firm/Company			
		5730 S	SW 74 STREET, SUITE 700			
Address					Sta 🕳	
		M	IAMI, FLORIDA 33143			
City/State and Zip Code				<u> </u>	JUN-2	
RBLANCK@			NCK@SHIPLAWUSA.COM			
		E-mail address: (to be used for future annual report notifica	ition)	70	
For fur	ther information	concerning this matter, please of	call:		AN JW 4.1 OF STATE	•
	ROBE	ERT W. BLANCK	at (305) 6	63-0177		
	Name	of Person	Area Code & Daytime	Telephone Number	·	
Enclose	ed is a check for	the following amount:				
□_\$2 5	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEDMITTLEYDDESS IIC

(Name of the Limited Liabilit	v Company as it now app	ears on our records.)
(A Florida	Limited Liability Company	7)
The Articles of Organization for this Limited Liability (Company were filed on _	APRIL 29, 2010 and assigned
Florida document numberL09000023878	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company l	<u>aere</u> :
The new name must be distinguishable and end with the wo	ords "Limited Liability Con	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	D-75
		A 7 R 17
		E 2 1
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		RE TU
		A
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	i	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 608, 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Thomas R. Paelinck	3201 NW 24TH STREET MIAMI, FLORIDA 33142	✓ Add
MGRM	Jordan Monocandilos	3201 NW 24TH STREET MIAMI, FLORIDA 33142	Add Remove
MGR	Evangelia Monocandilos	3201 NW 24TH STREET MIAMI, FLORIDA 33142	Add Remove
MGR	Nicolas Monocandilos	3201 NW 24TH STREET MIAMI, FLORIDA 33142	✓ Add ☐ Remove
MGR	Jordan Monocandilos	3201 NW 24TH STREET MIAMI, FLORIDA 33142	
D. If am		change(s) here: (Attach additional sheets, if necess	AddRemove
D. II am	enoing any outer information, enter t	mange(s) nere: (Anach chamonai sheeis, ij hecess	10 JUN - 2
Dated	MAY 24 ,	2010	AN UN: 4.1
	Signature of a m	ember or authorized representative of a member	
		RDAN MONOCANDILOS	
	I	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00