

L11 000134112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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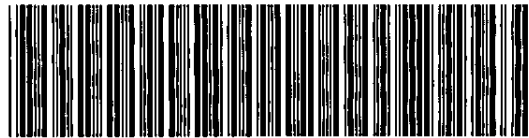
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Bernita 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:

**Julio Castro**

Name of Person

**Bernita LLC**

Firm/Company

**290 NW 165th Street Suite PH-5**

Address

**Miami, FL 33169**

City/State and Zip Code

**finsolcorp@gmail.com**

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

For further information concerning this matter, please call:

**Julio Castro**

Name of Person

at **305 454-0915**

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Bernita LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/28/2011 and assigned  
Florida document number L11000134112.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

290 NW 165th Street

Suite PH-5

Miami, FL 33169

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

290 NW 165th Street

Suite PH-5

Miami, FL 33169

**B. If amending the registered agent and/or registered office 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: Julio Castro

New Registered Office Address: 290 NW 165th Street Suite PH-5

*Enter Florida street address*

Miami

Florida 33169

*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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ricardo Jose Asr Dall'Aglío	Arenales 1497 - Piso 9th	<input type="checkbox"/> Add
		Buenos Aires, Argentina	<input checked="" type="checkbox"/> Remove
		ZC , AR1061 AR	
MGR	Maria Bsr Dall'Aglío	Arenales 1497 - Piso 9th	<input type="checkbox"/> Add
		Buenos Aires, Argentina	<input checked="" type="checkbox"/> Remove
		ZC , AR1061 AR	
MGR	Team Real Estate Management LLC	290 NW 165th Street	<input checked="" type="checkbox"/> Add
		Suite PH-5	<input type="checkbox"/> Remove
		Miami, FL 33169	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 JUN - 5 PM 2016  
 SEAL OF THE STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please Add:

FEIN Number: 46-1062437

Dated June 04, 2014

  
Signature of a member or authorized representative of a member

Julio Castro

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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14 JUN -6 PM 12:26  
STATE  
TALLAHASSEE, FLORIDA