## L160000600

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL 3 1 2018

## COVER LETTER

TO: Registration S Division of Co			
		BERGOK LLC	
SUBJECT:	Name of Lim	ited Liability Company	
	f Amendment and fee(s) are sub ondence concerning this matter		
		BERNARDO A GOMEZ	
	2/	Name of Person	
		Firm/Company	
	9278 F	RANDAL PARK BLVD STE 1811	2
		Address	
		ORLANDO FL, 32832	
		City/State and Zip Code	
		RGOAR@HOTMAIL.COM to be used for future annual report notifi	cation)
For further information	concerning this matter, please c		
BERNARDO A GOM	EZ	305 496-3208	FG
Name	of Person	Area Code Daytime	Telephone Number 26 P. C.
Enclosed is a check for	the following amount:		중심 꽃 다
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
		ethert/galbu	CD ANNDESS.

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

	BERGOK LLC	
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on our records. lability Company)	
The Articles of Organization for this Limited Liability Company (Florida document number L16000066026).	were filed on <u>04/01/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del>- 11.11.                               </del>
(Principal office address MUST BE A STREET ADDRESS)		THE PROPERTY OF THE PROPERTY O
Enter new mailing address, if applicable:		PA D
(Mailing address MAY BE A POST OFFICE BOX)		2: 18 CRIOA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
<del></del>	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

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>	Address	Type of Action
MGR	MARIA F MARTINEZ	9278 RANDAL PARK BLVD	
		ORLANDO FL. 32832	■ Remove
			Change
	·		🗀 Add
			□ Remove
			Change
			Remove
			Change
			JULZO PE DO LA LEGIONAL LA RESERVA SSEEL PLOSEDA
			10800 Change
		_	Add
			□ Change
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Note:	ive date, if other than fective date is listed, the date If the date inserted in the ment's effective date on the	is block does not meet	the applicable statu	filing or more than 90 da nory filing requiremen	(optional) ys after filing.) Pursuant to 605.020 nts, this date will not be listed a
	cord specifies a dela 90th day after the		e, but not an eff	fective time, at 12	2:01 a.m. on the earlier o
Dated		JULY 19, 2	018		
.,	***	2/	21/		
			9/	resentative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00