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(Requestor's Name)			
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PICK-UP WAIT MAIL			
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Berlin Properties	LLC.		
SUBJECT: Berlin Properties (Name of Lin	nited Liability Company)		
The enclosed Articles of Amendment and fec(s) are sub	mitted for filing.		
Please return all correspondence concerning this matter	to the following:		
EVAN Be			-,
(N	lame of Person)		
Parti la	Eiro OA		
Berlin Low	iirm(Company)		
(,	:		
1819 Main Str	cet, Suite 207		
	(Address)		
Samuel El	21.5.24		
Jou 02 012, 1- C	34236 State and Zip Code)		
·	• ,		
For further information concerning this matter, please c	all:		
Evan Berlin	441 941	4-9991	
Evan Berlin (Name of Person)	at (941) 954 - 999/ (Area Code & Daytime Telephone Number)		
		40	DIVIS SI
Enclosed is a check for the following amount:			SCR CR
S25.00 Filing Fee Scertificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	TARY OF STATE OF CORPORATION
			ŠKS
STREET ADDRESS: Registration Section			
Division of Corporations	Division of Corporations Division of Corporations		
409 E. Caines Street	P.O. Box 6327		

Tallahassee, Florida 32314

Tallahassee, Florida 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the limited liability company is: Berlin Properties LLC 3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Name
107 Bongine Lane
Address
Bonita Springs, FL 34134
City, State and Zip 6. The name and address of the new registered agent and/or office: Name
1819 Main Street, Suite 207
Florida street address (P.O. Box NOT acceptable) EVAN Berlin Sarasota, FL 34236

City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative voltable the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company. (Signature of a member of authorized representative of a member) (Printed or typed name of signee) ceptible appointment as registered agent and agree to act in this capacity. I further agree to the provisions of all statutes relative to the proper and complete performance of my duties, with and accept the obligations of my position as registered agent as provided for in S. Or, if this document is being filed to merely reflect a change in the registered office to you confirm that the limited liability company has been notified in writing of this change. I hereby accept comply with the and I amfamil Chapter 608 (Signature of Registered Agent)

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

INJIS18(10/99)

FILING FEE: \$25.00