

L05000084311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

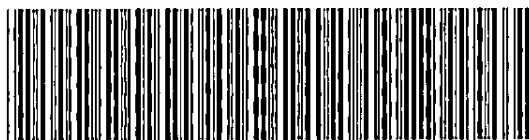
(Business Entity Name)

(Document Number)

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01/27/23--01013--008 \*\*25.00

FILED  
2023 JAN 27 10 20  
SEC. OF STATE  
TALLAHASSEE, FLA

21

January 24, 2023

Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32134

RE: Berk Merchant & Sims, PLC - Document No. L05000084311

Dear Sir:

In reference to the above entity, attached are the following:

1. Articles of Amendment to Articles of Organization of Berk Merchant & Sims, PLC;
2. My check in the amount of \$25.00, representing your filing fee.

Please file the amendment to articles of organization and forward me written confirmation of the same. Thank you for your anticipated prompt attention to this matter.

Very truly yours,

  
JEFFREY C. ROTH

JCR:gkm  
Encls.

cc: Berk Merchant & Sims, PLC

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

BERK, MERCHANT & SIMS, PLC

(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 August 25, 2005 and assigned  
Florida document number L05000084311.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

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

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>     | <u>Address</u>              | <u>Type of Action</u>                      |
|--------------|-----------------|-----------------------------|--|
| MGRM         | William S. Berk | 2 Alhambra Plaza, Suite 700 | <input type="checkbox"/> Add               |
|              |                 | Coral Gables, FL 33134      | <input checked="" type="checkbox"/> Remove |
|              |                 |                             | <input type="checkbox"/> Change            |
| AMBR         | Patrick Betar   | 2 Alhambra Plaza, Suite 700 | <input checked="" type="checkbox"/> Add    |
|              |                 | Coral Gables, FL 33134      | <input type="checkbox"/> Remove            |
|              |                 |                             | <input type="checkbox"/> Change            |
|              |                 |                             | <input type="checkbox"/> Add               |
|              |                 |                             | <input type="checkbox"/> Remove            |
|              |                 |                             | <input type="checkbox"/> Change            |
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|              |                 |                             | <input type="checkbox"/> Remove            |
|              |                 |                             | <input type="checkbox"/> Change            |

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**