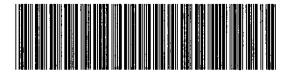
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J. SAULSBERRY EXAMINER

FEB 1.1 2013

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Bernstein Osberg-Braun, 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:

Roger Bernstein

Name of Person

Bernstein Osberg-Braun, LLC

Firm/Company

11900 Biscayne Blvd., Suite 700

Address

Miami, FL 33181

City/State and Zip Code

roger@visaattorneys.com

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

For further information concerning this matter, please call:

Roger Bernstein

,,305**,895-0300**

Name of Person

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 ORGÁNIZATION OF

Bernstein Osberg-Braun, LLC			
(Name of the <u>Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	<u> </u>	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L06000119080</u> .	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
Bernstein Osberg-Braun, P.L.			
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation	n "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	
		質して	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u>.</u> 9	
		<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:		address	
	, Florids	Zip Code	
	y		

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 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:

	nager Innaging Member	4 J.J	Mary and Austr
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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D. Ham	iending any oth	er information,	enter chan	ge(s) here: ((Attach add	ditional s	heets, if necessary,)
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		Signatur	e of a memb	er or authoriz	ed represent	tative of a	member	
	Roger F	3ernstein						
	Typed or printed name of signee							<u> </u>

Page 3 of 3

Filing Fee: \$25.00

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