

Division of Corporations

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L08000043222

Florida Department of State
Division of Corporations
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Fax Number : (850) 617-6383

From:
Account Name : LICENSES ETC INC
Account Number : I20070000159
Phone : (239) 777-1028
Fax Number : (877) 275-3593

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TALLAHASSEE, FLORIDA**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN****EDWARD ASSOCIATES, LLC**

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C. LEWIS
OCT 27 2008
EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Edward Associates, 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:

Christi Jackson
(Name of Person)
Licenses Etc., Inc.
(Firm/Company)
15275 Collier Blvd. #201-300
(Address)
Naples, FL 34119
(City/State and Zip Code)

For further information concerning this matter, please call:

Christi Jackson at (239) 777-1028
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Edward Associates, 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 04/30/2008 and assigned
Florida document number L08000043222

This amendment is submitted to amend the following:

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

Berkshire Bay Contractors, LLC

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 office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

904 SW 4th Ave
Cape Coral, FL 33991

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

904 SW 4th Ave
Cape Coral, FL 33991

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:

Edward Arasimowicz

New Registered Office Address:

904 SW 4th Ave

(Enter Florida street address)

Cape Coral Florida 33991
(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.

Edward Arasimowicz
(If Changing Registered Agent, Signature of New Registered Agent)

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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

Title	Name	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated October 27, 2008.



Signature of a member or authorized representative of a member

Edward D. Arasimowicz

Typed or printed name of signee

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Filing Fee: \$25.00

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