

LO8000059809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

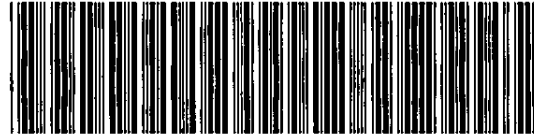
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**TO: Registration Section
Division of Corporations**

SUBJECT: Gerald Berson Family, 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:

Gerald Berson

Name of Person

Exeter, Inc.

Firm/Company

300 SE 5th Avenue #1020

Address

Boca Raton, Florida, 33432

City/State and Zip Code

gerryberson@exeterfl.com

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

For further information concerning this matter, please call:

Bettina Smoot

Name of Person

954 695-2563

at ()
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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TALLAHASSEE, FLORIDA

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

Berson Family, 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 June 16th, 2008 and assigned Florida document number L08000059809.

This amendment is submitted to amend the following:

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

Gerald Berson Family, 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 offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

300 SE 5th Avenue

Unit 1020

Boca Raton, Florida, 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

300 SE 5th Avenue

Unit 1020

Boca Raton, Florida 33432

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:

Gerald S. Berson

New Registered Office Address:

300 SE 5th Avenue, Unit 1020

Enter Florida street address

Boca Raton

City

Florida 33432

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.

Gerald S. Berson
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
<u>Mgr</u>	<u>Gerald S. Berson</u>	<u>300 SE 5th Avenue</u>	<input type="checkbox"/> Add
		<u>Apt 3110</u>	<input checked="" type="checkbox"/> Remove
		<u>Boca Raton, Fl 33432</u>	
<u>Mgr</u>	<u>Gerald S. Berson</u>	<u>300 SE 5th Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Unit 1020</u>	<input type="checkbox"/> Remove
		<u>Boca Raton, Fl 33432</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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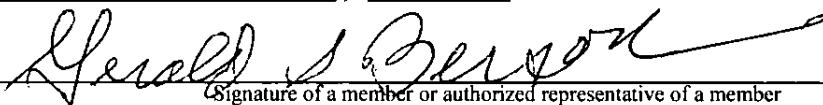
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 TALLAHASSEE, FL 32399

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 14, 2014



Signature of a member or authorized representative of a member

Gerald S. Berson

Typed or printed name of signee

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Filing Fee: \$25.00

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