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SECRETARY OF STATE ALLAHASSEE. FLORIDA

AUG 13 PM D: SI

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Peter W. Berg 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:					
Peter W. Berc Name of Person					
Peter W. Berg UC Firm/Company					
1505 tyler Street					
Low wood Fr 33020 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Poler Wil Borc at (954) 923-8975 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{\$\frac{1}{2}}\$} \text{\$\frac{1}{2}\$} \text					

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 ORGANIZATION OF

Poter W. R	pocy LLC		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on orida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>LD800576874</u>	ility Company were filed on Aug	N. 7.68 and assigned	
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company here:		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	4DDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic		records, enter the name of the new	
Name of New Registered Agent:		, , , , , , , , , , , , , , , , , , ,	
New Registered Office Address:			
	Enter Florida street address		
	Citv	, Florida Zip Code	
	<i></i>	Lip Couc	

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 Changing Registered Agent, Signature of New Registered Agent

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	<u>Address</u>	Type of Action		
MGRM	Miriam Berry	1505 tyler Street Holywood, PL 33020	AddRemove		
MARM	Holger Berg	1505 tyle/ Street Hollywood, FC 35020	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amendi	ing any other information, enter chan	nge(s) here: (Attach additional sheets, if necesso	ury.)		
			12 AUG SECRET		
Dated Aw		12	113 PH 12: \$1 TARY OF STATE HASSEE, FLORIDA		
-	Poter W. Berry	ed or printed name of signee			

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Filing Fee: \$25.00