L08000116170

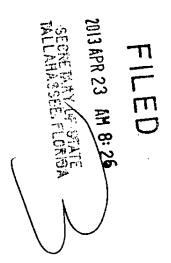
(Re	equestor's Name)	
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APR 2 4 2013 J. BRYAK

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	CT:	Berens	Brownpc	
		Name of Limit	ed Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	TILLE WASSELF
Please i	return all correspo	ondence concerning this matter	to the following:	23 L
•			Name of Person	
		Bere	Firm/Company	
		6217 De	wey Robbins Red	
		Howayint	he Huls, FL 3473 City/State and Zip Code	7
		Questair	SCE and Common solution of the used for future annual report notification	-
For furt	her information c	oncerning this matter, please ca	-	мэ) .
	ORI BRO Name o	olul f Person	at (<u>352-) 3 23 - 00 \</u> Area Code & Daytime Tele	{ 8 ephone Number
Enclose	d is a check for th	ne 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 4, 2013

LORI BROWN BERENS BROWN PL 6217 DEWEY ROBBINS RD HOWEY IN THE HILLS, FL 34737

SUBJECT: BERENS BROWN PL Ref. Number: L08000116170



We have received your document for BERENS BROWN PL and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You need to complete the form letting us know what you want to amend, then return all (3) pages of form with signature.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 913A00007948

ARTICLES OF ORGANIZATION OF

Ber	Tens Brown	PL		
(Name of the Limited Liabilit	y Company as it now appe Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability (Company were filed on	12-33-3008 and assigned		
Florida document number	<u> 10</u>			
This amendment is submitted to amend the following:		and assigned and assigned are:		
A. If amending name, enter the new name of the lim	ited liability company h	ere:		
2516				
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Comp	pany," the designation "LLC" or the appreviation		
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
				
B. If amending the registered agent and/or regis	tered office address on	our records, enter the name of the new		
registered agent and/or the new registered office add				
Name of New Registered Agent:				
New Registered Office Address:				
	E	nter 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 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

lending the Managers or Managing Members on our records, enter the title, name, and address of each Manager Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> Address **Type of Action** Remove Remove Remove Remove

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if ne	ecessary.)	
-			
-			
-			
Dated	4-1-, 2013.	The state of the s	;
		8. S	
	Signature of a member or authorized representative of a member		
	I DRI BROWN		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00