

W9000114426

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : J.E. OYARCE & ASSOCIATES
Account Number : I19990000186
Phone : (305) 324-2248
Fax Number : (305) 324-4959

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BERGEL LLC

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T. CLINE

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EXAMINER

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Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BERGEL, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE E OYARCE
(Name of Person)

JE OYARCE & ASSOCIATES, PA
(Firm/Company)

199 SW 12TH Avenue, Suite 11
(Address)

Miami, Fl 33130
(City/State and Zip Code)

For further information concerning this matter, please call:

Jorge E Oyarce at (305) 324-2248
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

2009 DEC 16 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

BERGEL, 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 12/01/09 and assigned
Florida document number L09000114426

This amendment is submitted to amend the following:

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

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)

NEW ADDRESS SHALL READ AS FOLLOWS:

9357 DICKENS AVENUE

MIAMI BEACH, FL 33141

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NEW MAILING ADDRESS SHALL READ AS FOLLOWS:

9357 DICKENS AVENUE

MIAMI BEACH, FL 33141

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:

JORGE E OYARCE FOR JE OYARCE & ASSOC.

New Registered Office Address:

199 SW 12TH AVENUE, SUITE 11

(Enter Florida street address)

MIAMI

(City)

Florida 33130-1056

(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)

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:

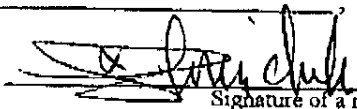
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BEROURIA ABERGEL	9357 DICKENS AVENUE	<input type="checkbox"/> Add
	a/k/a BEROURIA CHEKROUN	MIAMI BEACH, FL 33141	<input type="checkbox"/> Remove
MGR	CHEKROUN GERARD	4770 BISCAYNE BLVD.	<input type="checkbox"/> Add
	"DELETED"	MIAMI, FL 33137 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated DECEMBER 15 2009



Signature of a member or authorized representative of a member

BEROURIA ABERGEL

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00