Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002379983)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE

Account Number : I2000000146

Phone : (305)444-4994

Fax Number

: (305)444-4977

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

-	 		
kiress:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEWBERRY CAPITAL GROUP LLC

Certificate of Status 0 Certified Copy Page Count 03 Estimated Charge \$25.00

OCT - 3 2011

EXAMINER

30

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NEWBERRY CAPITAL						
(Name	of the Limited Liability Company as (A Florida Limited Liability	it now appears of y Company)	ı our records.)				
The Articles of Organization for	this Limited Liability Company were	filed on	10/20/2010	_ and assi	gned		
Florida document number	L10000109440		•				
This amendment is submitted to	amend the following:						
A. If amending name, enter th	e new name of the limited liability of	company here:					
The new name must be distinguish "L.L.C."	able and end with the words "Limited Li	ability Company,	the designation "LL	C" or the a	bbreviation		
Enter new principal offices add	dress, if applicable:						
(Principal office address MUSI	BE A STREET ADDRESS)						
]	12 Z	3.		
				- C			
Enter new mailing address, if	applicable:				,,,,,,,,,,		
(Mailing address MAY BE A Po	—		C	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\) [
				7 R	r		
			7	(A	ويسترزا		
B. If amending the register	ed agent and/or registered office :	address on our	records, enter the	nome o	f the new		
registered agent and/or the ne	w registered office address here:		<u></u>	e e	J		
Name of New Register	ed Agent:						
New Registered Office	Address:						
	Enter	er Florida street address					
	<u>.</u>	, Florida					
	Cit	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

Dated .

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 Type of Action <u>Address</u> MGRM DAVID HASSAN **1850 NW 78TH AVENUE** Add ZRemove PEMBROKE PINES EL 33024 ☐ Add Remove ∐ Add ☐ Remove Remove <u>dd</u> Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

JOEL BENDAYAN

Typed or printed name of signee

Page 2 of 2