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DIVISION OF CORPORATION

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THAMPTON I

## **COVER LETTER**

Division of Corporations
SUBJECT: <u>berkshire Hathaway</u> Miami, <u>LLC</u> 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:
Daniel Fonte.  Name of Person
Berkshire Hathany Magni Firm/Company
15005 SW 6th 5t
Migmi 12 33143.  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daviel Forte.  Name of Person  at (305) 388-7979  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 & Certificate of Status \$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

## ARTICLES OF AMENDMENT TO

## ARTICLES OF ORGANIZATION

SECRETARY OF STATE SECRETARY OF STATE IVISION OF CORPORATIONS

Berkshire Hathaway 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 Liabil	lity Company were filed on	6/21/11	and assigned
Florida document number LN000722	<u></u>		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Compa	nny," the designation "LL	C" or the abbreviatio
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
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 office		our records, enter the	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addre	ss ,
<u>-</u>		, 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = N	Managing Member	•	
<u>Title</u>	Name	Address	Type of Action
MGB.	Daniel Fonte	Miami, FL 33193	Add Remove
,	<del></del>		Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
	<del></del>		Add Remove
			Add Remove
· ————		·	Add
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.	CRETARY OF ST ION OF CORPOR
  Dated		<b>A</b> .	ATTONS ATTONS
	0,0	er or authorized representative of a member  Anie fonte d or printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00