L12000004992

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



000222421190



02/24/12--01014--016 **30.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2012 FEB 24 MID; 46

T. CLINE

FEB 2 7 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: <u>Be</u>	rtinos Qual Name of Limi	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
		Bertino Name of Person			
	Bertinos	Quality Cut's L	<u> </u>		
	<u>4911 Sw</u>	29 +h AVE Address			
	Dania - B	City/State and Zip Code Com cast . No to be used for future annual report notifications.		201 SE	
	Bac of brown E-mail address: (1	to be used for future annual report notification	et tion)	DIŹFEB 24 SECRETARY	7
For further information	concerning this matter, please c	all:		3 24 ARY (SSE)	Electric de la constante de la
	Bertino of Person	at (<u>954)</u> 336~ 98 Area Code & Daytime T	809 elephone Number	EB 24 AN IO; QS ETARY OF STATE HASSEE, FLORIDA	Action of
Enclosed is a check for	the 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 Certificate o Certified Co (additional c	of Status &	

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

Bertinos Qual	ity Cut's 4	LLC			
(Name of the Limited Liability (A Florida	v Company as it now appea Limited Liability Company)	irs on our records.)	•		
The Articles of Organization for this Limited Liability C	Company were filed on	January 11,	2012 an	d assigr	ned
Florida document number <u>L12000004992</u>		/			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company he	<u>re</u> :			
Bertino's Quality	Cuts LLC				
Bertino's Quality The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Comp	any," the designation	"LLC" or	the abb	reviation
Enter new principal offices address, if applicable:			A co	20	
(Principal office address MUST BE A STREET ADDI	RESS)		CA LA	ŹF	40. T. ET C
			HAX:	8	
			33.2	ţ	-
Enter new mailing address, if applicable:			可引	2	
(Mailing address MAY BE A POST OFFICE BOX)			85	ಫ	1,
			Ž.Li	6 2	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>ente</u>	r the nai	ne of t	the new
Name of New Registered Agent:					
New Registered Office Address:					
	Enter 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

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 = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	, <u></u>		Add
			Remove
		·	Add
			Remove
			Add
	·		Remove
			Add Remove
			Kemove
		·	Add ☐Remove
			
			Add Remove
D 14			_
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	
			Zs 2
			TORBIA.
		338	ZFEB 24 M
_			A DO
Dated	1		
	Signature of a mem	nber or authorized representative of a member	
		T Betino ped or printed name of signee	

Page 2 of 2

٠

Filing Fee: \$25.00