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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. CLINE

FEB 27 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bertino's Quality Cut's LLC  
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:

Jason Bertino  
Name of Person

Bertino's Quality Cut's LLC  
Firm/Company

4911 SW 29th AVE  
Address

Dania - Beach / FL 33312  
City/State and Zip Code

BBC of broward @ comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Bertino at (954) 336-9809  
Name of Person Area Code & Daytime Telephone Number

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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 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

Berting's Quality Cut's LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 2

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:

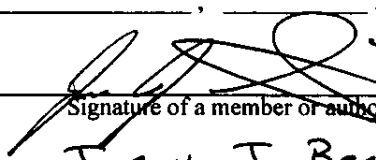
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input 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
			<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 \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Jason J Bertino  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
 2012 FEB 24 AM 10:06  
 SECRETARY OF STATE  
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