## L12000044909

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
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FILED
12 APR 12 PH 1: 35
SECRETARY OF STATE

## **COVER LETTER**

Division of C			:
SUBJECT:	VAN DEN BERG	SH MANAGEMENT, L	LC.
		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	spondence concerning this matte	r to the following:	
	DI	EGO VAN DEN BERGH	
		Name of Person	
	VAN DEN	BERGH MANAGEMEN	T, LLC
		Firm/Company	
		224 ALPINE RD	
		Address	
	WEST	Γ PALM BEACH, FL 334	05
		City/State and Zip Code	
	The Waldston	/a. l	1
		to be used for future annual report r	odification)
For further information	n concerning this matter, please	call:	
DIEGO	VAN DEN BERGH	at ( 561 )	8912197
Namo	e of Person	Area Code & Day	ytime Telephone Number
Enclosed is a check for	r the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAI	ILING ADDRESS:	STREET/COU	URIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 APR 12 PM 1: 35

VAN DE	N BERGH M	ANAGEMEN	IT, LLC Sherk	ARY OF STATE. ASSEE, FLORIDA
( <u>Name of the Limite</u> (	A Florida Limited L	iability Company)	,	
The Articles of Organization for this Limited I	Liability Company	were filed on	03/26/2012	and assigned
Florida document number L1200004	4909			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company he	<u>re</u> :	
VAN D	EN BERGH IN	VESTMENTS,	LLC	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Comp	any," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		N/A		
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter t	he name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:				<del>,</del>
		En	ter Florida street add	ress
		~	, 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>:

<u>le</u>	<u>Name</u>	Address	Type of Action
	N/A		Add
			Remove
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			□ Domouo
			<b>□</b> n
	/^	nange(s) here: (Attach additional sheets, if i	necessary.)
			12 APR
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  ted/	April 9th	2012	ĒĎ~⊆ inα

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Filing Fee: \$25.00