2000107042

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

From:

Account Name : GILMAN CIOCIA INC.

Account Number : 120120000051

Fax Number : (850)617-6383

: (305)937-7773 Fax Number : (815)301-2897

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **USBERKO LLC**

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11/30/2012

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

USBERKO 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:

EVA OHRING

Name of Person

GILMAN CIOCIA

Pinn/Company

2785 NE 191ST STE 601

Address

AVENTURA FL 33180

City/State and Zip Code

USBERKO@GMAIL.COM

E-mail address: (to be used for linure annual report notification)

For further information concerning this matter, please call:

EVA OHRING

305,692-5204

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

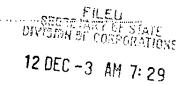
Q \$25.00 Filing Fcc

\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

D\$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 OF

USBERKO LLC		
(Name of the Limited Limited Company as it now an (A Florida Limited L	nears on our records.)	
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L12000107042</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	here:	
The new name must be distinguishable and end with the words "Limited Liability Co"L.L.C."	mpany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the new	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
714	, Florida Zip Code	
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code	
Ten. 125 Sept. 18 Demo 3 Decision of 12 Demonthly for Card on Whence		
I hereby accept the appointment as registered agent and agree to act in the provisions of all statutes relative to the proper and complete performat accept the obligations of my position as registered agent as provided for it being filed to merely reflect a change in the registered office address, I here company has been notified in writing of this change.	nce of my duties, and I am familiar with and or chapter 608, F.S. Or, if this document is	

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amonding 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	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	BERKOVITCH ARIE	1508 BAY RD APT 951	Add
		MIAMI BEACH FL 33139	Remove
			_
MGR	BERKOVITCH AVIHU	1508 BAY RD APT 951	Add
		MIAMI BEACH FL 33139	Remove
MGRM	BERKOVITCH AVIHU	1508 BAY RD APT 951	
		MIAMI BEACH FL 33139	
			~
			Add
			Remove
			- -
			_ L Add
			Remove
			Add
			Remove
			72

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ONCIDENT OF COMPORATIONS

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Des	November 20 2012
ĻΑ	
	Signature of a member or authorized representative of a member
	AVIHU BERKOVITCH
	Typed or printed name of signee

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Filing Fee: \$25.00