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(Re	questor's Name)	
- (Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
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D. ERUCE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Red Berry Estates 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:	
Alfred D. Xiques	
Name of Person	
Garcia & Xiques PA	
Firm/Company	
2950 SW 27 Ave, Suite 300	
Address	
Miami, FL 33133	
City/State and Zip Code	101 50
axiques@rptgfla.com	The second second
E-mail address: (to be used for future annual report notificat	ion)
For further information concerning this matter, please call:	Ion) OCT -7
Alfred Xiques 305 358-480	A Indiana
Name of Person Area Code & Daytime To	elephone Number

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Red Berry Estates LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)	
(A Florida Emiliea E	nationally Company)	
The Articles of Organization for this Limited Liability Company	were filed on 2/13/2013	_ and assigned
Florida document number L13000023213		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	, i	
		to the same
Enter new mailing address, if applicable:	<u>ئ</u> 2.7	7
(Mailing address MAY BE A POST OFFICE BOX)	7	로 (1)
Municipal muress Mail BETT 1 OST OF THE BOTT		<u> </u>
	· la-	09
B. If amending the registered agent and/or registered of	ffice address on our records, enter the	e name of the new
registered agent and/or the new registered office address her	re:	
Name of New Registered Agent:		
New Registered Office Address:		
The Trought of Street Leaders.	Enter Florida street addre	?ss
	, 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, 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>	Name	Address	Type of Action
MRG	Albert Maury	11501 SW 40th Street, Miami, FL 3316	5 🕢 Add
			Remove
			-
			L Add
			Remove
			Add
			Remove
			Add
		7	
		Prophor	PH 3109 Add
			Remove
			-
			Add
			Remove

If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
sed Sep	tember 25 <u>2013</u>
aled	
	Signature of a member or authorized representative of a member
	Rolando Delgado, Manager /
•	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

##3 OCT - 7 PM 3: 0: