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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
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COVER LETTER

	tion Section of Corporations		
MA' SUBJECT:	BERRY BOND, LLC		15 T
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Artic	eles of Amendment and fee(s) are su	bmitted for filing.	
Please return all co	orrespondence concerning this matte	er to the following:	
	Ingrid Fermin Rodriguez	, Manager	
		Name of Person	
	2221 NE 164th Street Su	ite 372	
		Firm/Company	
		Address	
	North Miami, Fl 33160		
	ingrid.f@metalgroupusa.co	City/State and Zip Code	
	· · · · · · · · · · · · · · · · · · ·	(to be used for future annual report no	otification)
For further informa	tion concerning this matter, please c	all:	
Ingrid Fermin Rod	riguez	610 639-4642	
8	ame of Person	Area Code Dayti	me Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	·	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclose
R	AILING ADDRESS: egistration Section ivision of Corporations	STREET/COUR Registration Secti Division of Corpo	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAYBERRY BOND, LLC		
(Name of the Lim	ted Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited I		2014 and assigned
This amendment is submitted to amend the fol		
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	eable:	<u> </u>
Principal office address MUST BE A STREE	ET ADDRESS)	
		# <u> </u>
		e
Enter new mailing address, if applicable:		
	nova	
Mailing address MAY BE A POST OFFICE	<u></u>	-
		
3. If amending the registered agent and registered agent and/or the new registered of		r records, enter the name of the n
Name of New Registered Agent:	Ingrid Fermin Rodriguez	
New Registered Office Address:		
	Enter Florida s	treet 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	OSWALDO BELLO	2221 NE 164 Street Ste 372	_ Add
		North Miami, FL 33160	
			□ Remove
			Change
MGR	INGRID FERMIN RODRIGUEZ	2221 NE 164 Street Ste 372	
		Nearl Minni CL 22160	
		North Miami, FL 33160	Remove
			☐ Change
			Add
			☐ Remove
			Ghange
			□\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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	11/14/2019			
Effective date, if other than the	e date of filing:		(optional)	(05.030
f an effective date is listed, the date mu Note: If the date inserted in this b	st be specific and cannot be prior t lock does not meet the applica	to date of filing or more than table statutory filing require	odays aner ming.) Put ements, this date will	not be listed a
document's effective date on the D	Department of State's records.	, ,		
ne record specifies a delaye	d effective date, but not	an effective time, a	t 12:01 a.m. on	the earlier o
The 90th day after the rec	ord is filed.			
Dated November 14	2019			
	/ XX/	\ //		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00