

14000115845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

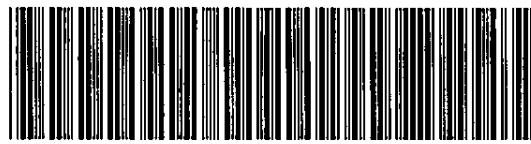
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Berg Home Group, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Edelsberg

Name of Person

Firm/Company

7902 Hampton Lake Dr.

Address

Tampa, FL, 33647

City/State and Zip Code

Daniel@BergHomeGroup.com

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

7/14 AUG 25 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Daniel Edelsberg

Name of Person

at 813 244-4245

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Berg Home Group, LLC

SECOND: The Florida Document number of the limited liability company is: L14000115845

THIRD: Document to be corrected is:

Articles of organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Title was put incorrect. IT was put as Daniel Edensberg CEO, and would like to change the title to MGRM.
Thanks!

2014 AUG 25 PM 3:24
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CLERK OF STATE
FLORIDA

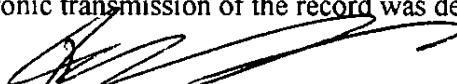
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OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

The electronic transmission of the record was defective.


Signature of Authorized Representative

8/20/14
Date

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)