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JUL 13 2017 J SHIVERS

## **COVER LETTER**

SUBJECT: Jersen Beg 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:	
Avidan Edelsberg Name of Person	
Jenson Berg LLC	
1756 N. Bayshore Dr. STE 1	
Miami FL 33132  City/State and Zip Code  Avidan. Edelsberg @ gmail (s)  E-mail address: (to be used for future annual report notification)	M
For further information concerning this matter, please call:	
Avidan Edel Sher at (G17) 909 2293  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:  S25.00 Filing Fee S	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Mailing address MAY BE A POST OFFICE BOX)		·			
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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    Avidan   Eduls before STEING			iled on <u>07/34/</u>	<u>2014</u> a	nd assigned
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    Avidan   Edel Shaft   Florida   33132   79 Code   70 Co	Florida document number $\frac{L/4000/16}{}$	<u>+26</u> .			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    Aviden   Edlishyf	This amendment is submitted to amend the following	owing:			
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Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    Avidan Edds Dr. STEIM   Enter Florida street address	The new name must be distinguishable and contain the w	cords "Limited Liability Com	pany." the designation "LLC"	or the abbrevia	tion "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:   Aviden Edds Dy. STE 19     New Registered Office Address:   1756 N Bay Sho(e Dr. STE 19     Enter Florida street address     Mam   Florida   33132     Tip Code	Enter new principal offices address, if applic	rable:			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    Aviden Elles by	(Principal office address MUST BE A STREE	T ADDRESS)			<u>- L</u>
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Enter Florida street address  MIGMI  City  Tip Code	Name of New Registered Agent:	Avidon	n Edelsh	ref-	
City Zip Code	New Registered Office Address:	1756 N	Bay Shole  Enter Florida street address	Dr.	STEII9
City Zip Code  New Registered Agent's Signature, if changing Registered Agents		mami	Fio	nida <u>3</u>	3132
	New Registered Agent's Signature if changing 1	Cit Registered Agents	y	Zip	Code

If Changing Registered Agent, Signature of New 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.

MGR = Manager AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
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