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COVER LETTER

TO: Registration Sec Division of Corp	tion orations		
BERPER	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	CHRISTIAM CARD	ENAS, ESQ.	
		Name of Person	
	LOUIS A. SUPRAS	KI, P.A.	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	2450 NE MIAMI GA	RDENS DR. 2NS FLORR	
		Address	
	MIAMI, FL 33180		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
For further information con	ncerning this matter, please c	all:	
LOUIS A. SUPRAS	K I	305 792-0060	
Name of	Person		Telephone 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:

2

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

BERPER, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/26/2015 and assigned Florida document number _L15000014506 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 Company," the designation "LLC" or the abbreviation "L.L.C." 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: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	BERNARDO PLAVNICK	8362 PINES BLVD	
		PEMBROKE PINES, FL 33024	■ Remove
AMBR	JUDITH LOWENSON	8362 PINES BLVD	
		PEMBROKE PINES, FL 33024	■ Remove
MGRM	BERNARDO PLAVNICK	8362 PINES BLVD	 ■ Add
		PEMBROKE PINES, FL 33024	□ Remove
MGRM	JUDITH LOWENSOHN	8362 PINES BLVD	
		PEMBROKE PINES, FL 33024	Remove)
AMBR	CECILIA PLAVNICK	8362 PINES BLVD	SCY A MA
			□ Remove
			Add
			Remove

*	
fective date must be:	er than the date of filing: (optional specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after filed by the Florida Department of State)
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Filing Fee: \$25.00

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SECRETARY OF STATE
JALLAHASSEE FLORID