## U5000032826

<b>.</b>
(Requestor's Name)
(Address)
(Address)
!
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Esq. 1000 E.i.it) vierse,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to filling Officer.
Office Use Only



200325848882

04/15/19--01003--003 \*\* 30.00

2019 APR 11 AM 7: 39

R. WHITE APR 12 2019

## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2019

VALCIN SAINTILIEN 700 NW 214TH ST APT 602 MIAMI, FL 33169

SUBJECT: BERTHO AUTO SALES LLC Ref. Number: L15000032826

We have received your document for BERTHO AUTO SALES LLC and check(s) totaling \$30.00. However, your check(s) and document are being returned for the following:

Office policy prevents this office from processing the enclosed check(s). All checks processed by this office must be payable in U.S. dollars and drawn on a bank located in the United States.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

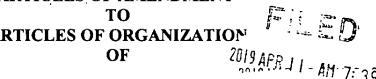
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist III

Letter Number: 019A00006324

## ARTICLES OF AMENDMENT

## ARTICLES OF ORGANIZATION



The Articles of Organization for this Limited Liability Company were filed on Florida document number

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

1		•		
The new name must be distinguishable and contain the we	ords "Limited Liabil	lity Company," the designati	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	ıble:	1942 NWI	39th STREET	
(Principal office address MUST BE A STREE	T ADDRESS)	OPA LOC	KA, FL 33054	
1		·	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address if applicables		700 NW	214th STOCKT	
Enter new mailing address, if applicable:		10100	O SIACE I	
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	TIP OU	01 201/0	
		MIHIVI,	16 33164	
B. If amending the registered agent and/oregistered agent and/or the new registered of	-		records, enter the name of the no	<u>84</u>
	1/2 -			
Name of New Registered Agent:	VALC	IN SAIN	TILIEN	
New Registered Office Address:	1942	Enter Florida stre	STREET ver address	
	OPA L	OCKA	, Florida <u>33054</u>	
1	•	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 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 Name Title Type of Action **Address** Remove SAINTILIEN VAICIN ☐ Remove ☐ Change □ Add □ Remove ☐ Change

D. If am	ending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
•		
		<u> </u>
	<u>,</u>	<del></del>
		· · · · · · · · · · · · · · · · · · ·
,		
•		· · · · · · · · · · · · · · · · · · ·
(If an ef Note:	Tective date is I If the date in	other than the date of filing:
		les a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: after the record is filed.
Dated	Mar	ich 13th, 2019.
		Signature of a member or authorized representative of a member
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00