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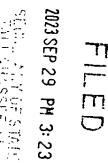
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COVER LETTER,

TO: Registration Se Division of Cor		1*	•
2701FL LI SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nick Berry		
		Name of Person	
	Broward Property Manage	ment	
		Firm/Company	
	2374 Wilton Drive		
	-	Address	
	Wilton Manors, FL 33305		
	prozacdiver@yahoo.com	City/State and Zip Code	
	- -	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Nick Berry		954 805-1195	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2701FL LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 05/14/201:	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	==-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7023 SEP 29 PH 3:
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records,	· · · · ·
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t 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
AMBR	VAIKA US LLC	2374 WILTON DRIVE, WILTON MANORS, FL 33	331 □ Add
			= Remove
			□Change
MGR	BERWELL HOLDINGS LLC	2374 WILTON DRIVE, WILTON MANORS, FL 33	330 ■ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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Filing Fee: \$25.00