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Corporate Filing Menu Electronic Filing Menu

Help

NOV. 30. 2018 5:20PM

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NO. 7752 P. 2 (((H18000341328 3)))

COVER LETTER

TO: Registration Section Division of Corporations

BERKSHIRE SQUARE GP, LLC

SUBJECT:

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:

Amy E. Jellicorse, Esq.

Name of Person

Zimmerman Kiser Sutcliffe, P.A.

Firm/Company

315 E. Robinson Street, Suite 600

Address

Orlando, Florida 32801

jlagmay@wendovergroup	City/State and Zip Code jlagmay@wendovergroup.com				
E-mail address:	(to be used for future annual report notification)				
For further information concerning this matter, please	call:				
Amy Jeilicorse	407 425-7010 a:()				
Name of Person	Area Code Daytime Telephon	77.77			
		07			

Enclosed is a check for the following amount:

■ S25.00 Filing Fee

□ S30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (addiuonal copy is cuclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(((H180003413283)))

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ARTICLES OF AMENDMENT ((((H^{N0, 7752,41f-33}))) TO ARTICLES OF ORGANIZATION OF

BERKSHIRE SQUARE GP, LLC		in a sur records)	
(Name of the Limited Linbility Company (A Florica Limited Lie	ability Company	y)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L15000124866</u>	vere filed on	07/21/2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili			
The new name must be distinguishable and contain the words "Limited Liability	y Company," th	ne 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)	<i>.</i>		

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:			201	
New Registered Office Address:			DEC	
<u>1.08 100,900,00 01100,100,000</u> .	Enter Florida street address	155	- -	;
	, Florid	ia <u>⊡ ⇔</u>		<u>r r</u>
	Ciry		Zi p:C ode	· · · · · · · · · · · · · · · · · · ·
New Registered Agent's Signature, if changing Registered Agent:		i Ai f ORID	2: 0	(

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

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If a NOV. 30, 2018₁₀ 5:20 FMrson(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address NO. 7752)ers</u>P. <u>Zeing added</u> or removed from our records: (((H18000341328 3)))

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR and MBR	Jonathan L. Wolf	1105 Kensington Park Drive	Ci Add
		Suite 200	Remove
		Altamonte Springs, FL 32714	Change
MBR	James E. Dyał	1105 Kensington Park Drive	add 🗐
		Suite 200	🗆 Remove
		Altemonte Springs, FL 32714	
	Jonathan and Nancy Wolf Family	1105 Kensington Park Drive	Change
MBR	Trust I, dated August 6, 2018	Suite 200	🖬 Add
		Altamonie Springs, FL 32714	Remove
			☐ Change
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NOV. 30. 2018 5:20 FM NO. 77 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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<u>Note:</u> If the document's (ate, if other than th date is listed, the date m date inserted in this i effective date on the	block does not n Department of S	neet the applical State's records.	ble statutory filir	nore than 90 days t ng requirements,	Inis date will r	lot be listed	125
The 90th	specifies a delaye h day after the re	ed effective c cord is filed.	late , but not	an effective	time, at 12:0			° af
Dated	11-28		2018			SS:	L L	-
			1	-				ך רו
-	·····	Signature of a	momber or author	ized representativ	e of a member		<u>.</u>	C
-	Jonathan L. Wolf, Ma		/	ized representativ	e of a member		2:07	C

Filing Fee: \$25.00