12/20/2019

Division of Corporations

SERBER&ASSOC.

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To: Division of Corporations : (850)617-6383 Fax Number From: Account Name : SERBER & ASSOCIATES, P.A. Account Number : I20000000083 : (305)932-6262 : (305)933-9393 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: Info @ Serber law LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEREBEACH1907 LLC 0 Certificate of Status

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	OF AMENDMENT \$ TO OF ORGANIZATION OF	
BEREBEACH1907 LLC		
(Name of the Limited Liability	Company as it now appears on our records.) [mited Liability Company]	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L15</u> 000181028		_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	id liability company here:	
The new name must be distinguishable and end with the words "Limi	ted Liability Company." the designation "LLC" or the abb	eviation "L.L.C."
Enter new principal offices address, if applicable:	1124 Kane Concourse	20
(Principal office address MUST BE A STREET ADDRE	Bay Harbor Island	
	Florida 33154	
Enter new malling address, if applicable:	1124 Kane Concourse	20
(Mailing address MAY BE A POST OFFICE BOX)	Bay Harbor Island	7 0
	Florida 33154	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	red office address on our records, enter the	e name of the new
Name of New Registered Agent: Richa	rd Waserstein	
New Registered Office Address: 1124	Kane Concourse	
	Enter Florida street address	
Bay H	larbor Island Florida 331	
No. 10 colors and 4 colors (figure 4 colors (figure 4 colors))	City	Zip Code
New Registered Accut's Signature, if changing Registered		
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	riplete performance of my duties, and I am fan out as provided for in Chapter 605, F.S. 97 If	nillar with and this document is ed liability
	Page 1 of 3	<u> </u>
	1	

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 = M AMBR = A	anager uthorized Member		
Title	Name	Address	Type of Action
MGR	Goldfarb, Bernardo	2945 NE 185TH ST	
		Suite 1410	■ Remove
		AVENTURA, FL 33180	_ _
MGR	Kirstein, Lidia	2945 NE 185 T H ST	D Add
		Suite 1410	■ Remove
		AVENTURA, FL 33180	
MGR	Irene B. Reed	1124 Kane Concourse	■ Add
		Bay Harbor Island	🗆 Remove
		Florida 33154	~~
			_D Add
			_ C Remove
			Remove
			🗆 Add
			_D Remove
	Page	2 of 3	_

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d. If amending any other information, enter change(s) here: (Attach ad	ditional sheets, if necessary.)
Effective date, if other than the date of filing: (The offective date must be specific, cannot be prior to date of receipt or filed date and can	(optional) not be more than 90 days after
the date this document is filed by the Fforidal Department of State)	
Dated December 19\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Dared December 19 2019	
Dated December 19 2019 Signature of a member or authorized represent-	stive of a member
Signature of a member of authorized represent. Bernardo Goldfarb	
Signature of a member or authorized represent-	
Signature of a member of authorized represent. Bernardo Goldfarb	
Signature of a member of authorized represent. Bernardo Goldfarb	
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