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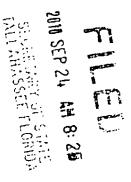
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D. BRUCE SEP 26 2018

COVER LETTER

TO:	Registration Se- Division of Cor					
SUBJE		oVerde, LLC				
		Name of Lim	ited Liability Company			
The end	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Bernard J. LoVerde Jr.				
		 	Name of Person		-	
		Bernard LoVerde, LLC	Name of Felson			
			Firm/Company		-	
		4241 Hunting Trail	. ,			
			Address		-	
		Lake Worth, Florida 33467				
			City/State and Zip Code		-	
		Bernie@bernardloverde.cor	n		چے ا	
		E-mail address: (to be used for future annual report notificat	ion)	2018 	-
For fur	ther information co	oncerning this matter, please ea	all:		SEP 2	Spring.
Bema	rd J LoVerde Jr		585 662-9440 at ()		S	
	Name of	f Person		lephone Number	NA 8: 25	
Enclose	ed is a check for th	ne following amount:			3 6 (10)	
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

MAILING ADDRESS: 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

Bernard LoVerde, 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 February 10, 2018 and assigned Florida document number _____L16000075660 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bernard LoVerde & Company, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office 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.

If Changing Registered Agent, Signature of New Registered Agent

2/10/10/10

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
N/A	NA	N/A	
			□ Remove
			Change
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			□ Remove
			☐ Change
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AND NB

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective Note: If	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	September 10 2018
	September 10 2018 Signature of a member or authorized representative of a member
	Bernard J. Lo Verde Jr. Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00