1170000 66004

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



000331652750

1743-13 (1) 10 (1) 1 (c) 17.1

19 JUL 10 PN 7: 43
SECRETARIA CONTARE
JALLAHASSEE, I LORIDA

JUL 1 9 2019

S. YOUNG

COVER LETTER

TO:					
SUBJEC					
GODGE			ited Liability Company		
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		HORACIO RAMIREZ			
BERA LLC Firm/Company 7530 OMNI LN. APT 301 Address FORT MYERS, FL 33905 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HORACIO RAMIREZ Aut Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (certified Copy (certified Copy)					
		Name of Limited Liability Company Mame of Limited Liability Company mendment and fee(s) are submitted for filing. dence concerning this matter to the following: HORACIO RAMIREZ Name of Person BERA LLC Firm/Company 7530 OMNI LN. APT 301 Address FORT MYERS, FL 33905 City/State and Zip Code E-mail address: (to be used for future annual report notification) neerning this matter, please call: Area Code Person Area Code Daytime Telephone Number following amount: S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certificate Of			
		FORT MYERS, FL 33905			
		Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. nondence concerning this matter to the following: HORACIO RAMIREZ Name of Person BERA LLC Firm/Company 7530 OMNI LN. APT 301 Address FORT MYERS, FL 33905 City/State and Zip Code E-mail address: (to be used for future annual report notification) concerning this matter, please call: at 407			
For furth	er information co	oncerning this matter, please co	all:		
HORAC	ACIO RAMIREZ 407 747-4471				
	Name of	Person	Area Code	Daytime Telephone Nu	mber
Enclosed	is a check for th	e following amount:			
\$25.	00 Filing Fee		Certified Copy	Cert sed) Cert	ificate of Status & ified Copy

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<u></u>		······································
ed Liability Compa (A Florida Limited I	ny as it now appears or Ciability Company)	<u>i our records,</u>)	
ability Company	were filed on $\frac{03/22}{}$	2017	and assigned
owing:			
the limited liab	ility company here		
ords "Limited Liabi"	lity Company." the desig	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		PT 301	
	FORT MYERS, FI	, 33905	-
Inter new mailing address, if applicable:		Pf 301	JUL 10
BOX)	FORT MYERS, FI	. 33905	- 7
		ur records, <u>ente</u>	er the name of the
HORACIO RAMIREZ			
MORACIO KA	AMIREZ		
7530 OMNI LN			
	N, APT 301	street address	
i	iability Company owing: f the limited liab ords "Limited Liabi able: T ADDRESS) BOX)	iability Company were filed on 63/22/ owing: f the limited liability company here: vords "Limited Liability Company," the designable: 7530 OMNI LN, A FORT MYERS, FL 7530 OMNI LN, A FORT MYERS, FL	rords "Limited Liability Company," the designation "LLC" or the able: TADDRESS) 7530 OMNI LN, APT 301 FORT MYERS, FL 33905 7530 OMNI LN, APT 301 FORT MYERS, FL 33905 FORT MYERS, FL 33905

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	IAN BERNAL		
	-	605 NORTHWOOD CIR	LI Add
		WINTER PARK, FL 3278	■ Remove
		-	□ Change
			□ Add
			☐ Remove
			Change
			□ Remove
			□ Change
			O Add
			□ Remove
			Change
			□ Remove
			☐ Change
			Remove
			□ Chanan

			•	•
If amending any other NONE	information, enter change(s) her	re: {Attach additional sh	cets, if necessary.)	
				
				
			.	
		······································		
				
		<u>-</u>		 -
 :				
	•••••			
				 .
				
				-
W100	41 41 414		(optional)	
(If an affective date is listed.)	than the date of filing: the date most be specific and cannot be pr	ior to date of filing or more that	n 90 days after filing.) Pursuant te	605.0207
Note: If the date inserte	d in this block does not meet the app	licable statutory filing requi	irements, this date will not be	listed as
document's effective dat	te on the Department of State's record	ds.		
the record specifies a	a delayed effective date, but	not an effective time,	at 12:01 a.m. on the ea	arlier of
} The 90th day afte	r the record is filed.			
Dated JUNE 28TH	2019			
Dates		 ·		
	M my (tax)			
	ionature of disember of all	uthorized representative of a m	ember	-
	Signature of a memori of at			

Typed or printed name of signce