

L17000209851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

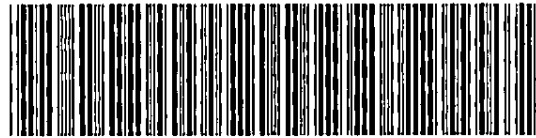
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Mark Berke Enterprises LLC

\_\_\_\_\_  
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:

Mark A Berke

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

461 Ponce De Leon Cr

\_\_\_\_\_  
Address

Winter Springs, FL 32708

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark A Berke

407 542-6020

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

2:01 PM - 1:58

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

***(Principal office address MUST BE A STREET ADDRESS)***

**(Mailing address MAY BE A POST OFFICE BOX)**

New Registered Office Address:

Enter Florida street address

## Florida

Cin

Zip Code

*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**

| Title     | Name            | Address                  | Type of Action                             |
|-----------|-----------------|--------------------------|--------------------------------------------|
| Authorize | Delores M Berke | 461 Ponce De Leon Cr     | <input type="checkbox"/> Add               |
|           |                 | Winter Springs, FL 32708 | <input checked="" type="checkbox"/> Remove |
|           |                 |                          | <input type="checkbox"/> Change            |
|           |                 |                          | <input type="checkbox"/> Add               |
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|           |                 |                          | <input type="checkbox"/> Change            |

CLASS - 10 P.T. 1: 58

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated September 4 2020



Mark A Berke



Typed or printed name of signee