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COVER LETTER

TO: Registration Se Division of Cor			
ADAM BE	RES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	ADAM DROR		
		Name of Person	
		Firm/Company	
	1423 SE 10TH STREET, S	SUITE I	
	CAPE CORAL, FL 33990	Address	
	droradam01@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	all:	
ADAM DROR		239 573-8667 at ()	
Name of	f Person		Telephone Number
Enclosed is a check for th	ne 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/COURIER ADDRESS:

Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	O'	· /
	ORGANIZATION	1/2
C)F	
ADAM BERES LLC		\(\sigma_{\rm \chi}\)
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
he Articles of Organization for this Limited Liability Company	y were filed on 12/05/2017	and assigned
Porida document number <u>L17000248755</u>		
This amendment is submitted to amend the following:		
-	sility campany bara:	
A. If amending name, <u>enter the new name of the limited liab</u>	mity company nere.	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "l	.LC" 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:	17830 ENGLE ROAD, UN	IT 14
Mailing address MAY BE A POST OFFICE BOX)	MIDDLEBURG HEIGHTS	5, OH 44130
	· · · · · ·	
3. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		ords, enter the name of the new
egistered agent and/or the new registered office address her	<u>.e</u> .	
Name of New Registered Agent:		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street ad	tress
		lress Florida Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GEORGE NAKHLE	17830 ENGLE ROAD, UNIT 14 MIDDLEBURG HEIGHTS OH 44130	≣ Add
		· ————	Remove
			□ Change
			□ Add
			🗆 Remove
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			Change

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Fan effective date is listed, the date Note: If the date inserted in thi	the date of filing:	date of filing or more than 9	(optional) 0 days after filing.) Pursuant to 605.020 ments, this date will not be listed a
ne record specifies a dela The 90th day after the		an effective time, at	12:01 a.m. on the earlier o
Dated	2018		
	·		
		//	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00