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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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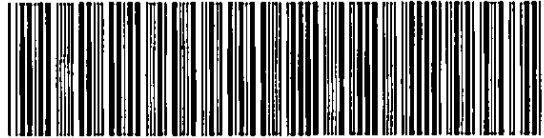
(Business Entity Name)

(Document Number)

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MUNIZZI LAW FIRM

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F. (407) 517-4353
Info@MunizziLaw.com
www.MunizziLaw.com

September 17th, 2020

SENT VIA REGULAR MAIL

Florida Secretary of State
Registration Section – Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Amendment – Louis Berk, PLLC / Document No.: L18000026614

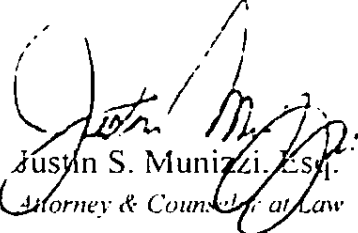
Dear Sir or Madam:

This firm represents the above-referenced company. Accordingly, please address any return correspondence regarding this letter and its enclosures to my attention directly.

Please find enclosed with this letter the Articles of Amendment for "Louis Berk, PLLC", as well as the \$25.00 Filing Fee for the same.

If you should have any questions regarding this matter, or require additional information, please do not hesitate to contact me directly using the information provided above.

Sincerely,


Justin S. Munizzi, Esq.
Attorney & Counselor at Law

Enclosures

cc: Client via email (w/o Encl.)

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

LOUIS BERK PLLC

(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 01/30/2018 and assigned
Florida document number L18000026614.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LOUIS BERK LAW PLLC

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 of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida *Zip Code*

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FACILITY

2023 SEP 23 PM 3:43

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 17, 2020

Louise Berk

Louis Berk

Filing Fee: \$25.00