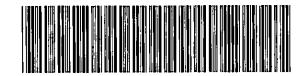
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S. PRATHER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Tall L. Berliner, PLLC 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:	
Tali Berliner Name of Person	
Tali berliner Firm/Company	
2225 NE 2044 St Address	
City/State and Zip Code  Holivber (iner Gamail Com  /E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
1 1 1 au 305, 934-2759	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee. \$\Bigcup \$60.00 Filing	

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

Tali Y berlii	ner, PULL	
(Name of the Limited I	Jability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number <u>しり80003997</u>	lity Company were filed onS   29   18	and assigned
This amendment is submitted to amend the followi	ng:	7 C
A. If amending name, enter the new name of the		မ မှ r the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, e address here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	
-	City	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				
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
			Add	
			☐ Remove	
			Change	
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C Effect	ve date, if other than the date of filing: (option	onal)
(If an eff	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	' ming.) Pursuant to 605.0207
<u>Note:</u> docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this effective date on the Department of State's records.	s date will not be listed as
If the ver	ord specifies a delayed effective date, but not an effective time, at 12:01 a 90th day after the record is filed.	a.m. on the earlier of
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(b) The	$\vec{A}$	18 JUL 24

Page 3 of 3

Filing Fee: \$25.00