# 118000231564

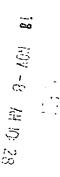
(Reques	tor's Name	,
(Address	s)	
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PICK-UP	] WAIT	MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to Filing	g Officer:	

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# **COVER LETTER**

10:	Division of Co			
SUBJI	Berlin, LL:	С		
		Name of Lir	nited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sul	emitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Staphen Berlin		
		Berlin, LLC	Name of Person	
		200 N. Washington Blvd.	Firm/Company	
		Sarasota, Fl. 34236	Address	<del></del>
	,	sberlin1007@icloud.com	City/State and Zip Code	
			to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please c	all:	
Stepho	en Berlin		941 807-7633	
	Name o	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5.00 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Berlin, LLC		
(Name of the Limited Liah (A Flori	ility Company as it now appears on our oda Limited Liability Company)	records)
The Articles of Organization for this Limited Liability	Company were filed on 10/1/18	and assigned
Florida document number L18000231564	<del></del> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET ADL	RESS	
		· 🙃
		VOJ.
Enter new mailing address, if applicable:	<del></del>	Z .
Mailing address MAY BE A POST OFFICE BOX		<u>ب</u> ا
		<del></del>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our red dress here:	cords, enter the name of the n
Name of New Registered Agent:		=1=14,1
New Registered Office Address:	·—·	<u> </u>
	Enter Florida street a	address
<u> </u>		, Florida
i	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>	Address	Type of Action
MGR	Jeffrey Berlin	1500 Caribbean Drive	
		Saresota, Fl. 34239	Add
		Garasola, F1. 34233	
			Remove
			□ Change
			Add
	,		· _
		,	□ Remove
			Change
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rective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the application of the date on the Department of State's records.	able statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but no The 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earlie
ted Nov 6 2018	_·
1/60	
1-60	orized representative of a member

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Filing Fee: \$25.00