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10/02/23--01026--012 **25.00

DIVISION OF CORPORATIONS

2023 OCT -2 PM 3: 19

Y. SCOTT OCT 14 2023 **COMPANY NAME:**

BERTONI'S LLC

RETURN ADDRESS:

833 EISENHOWER BLVD

LEHIGH ACRES, FL 33974

PHONE NUMBER:

(786) 424-9618

SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

	on Section f Corporations						
	ONI'S LLC						
SUBJECT:							
The enclosed Articl	es of Amendment and fee(s) are	e submitted for filing.					
	respondence concerning this m	•					
	HECTOR B. SANDO	OVAI.					
	·	Name of Person					
	BERTONI'S LLC						
	 	Firm/Company					
	833 EISENHOWER I	BLVD	2023	IS SIAID			
		Address	2023 OCT	ECRE SION			
	LEHIGH ACRES, FL	. 33974	[-2	FILE OF CO			
		City/State and Zip Code	P	중요			
		L8669@GMAIL.COM	PM 3:	AH H			
For further informat	rmail addr tion concerning this matter, plea	ess: (to be used for future annual report notification) ase call:	· 9	ONS.			
HECTOR B. SANI	OOVAI.	786 424-9618 at ()					
N	ame of Person	Area Code Daytime Telephone Number					
Enclosed is a check	for the following amount:						
■ \$25.00 Filing F	ee S30.00 Filing Fee & Certificate of Statu		of Status opy				
Mailing Ad	ddress: ion Section	Street Address: Registration Section					
_	of Corporations	Division of Corporations					
P.O. Box		The Centre of Tallahassee					
i aiianass	see, FL 32314	2415 N. Monroe Street, Suite 810)				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BERTONIS LLC.		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 02/04/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		01VIS 2023
(Principal office address MUST BE A STREET ADDRESS)		OCT ORE
		- NATE
		PA
Enter new mailing address, if applicable:		STA 3
Mailing address MAY BE A POST OFFICE BOX)		TO TON
B. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, enter th	e name of the new reg
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 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	JUAN US TOJIN	415 WELLINGTON AVE	□Add
		LEHIGH ACRES, FL 33972	■ Remove
		 	□Change
MGR	DAVID RAUDALES	415 WELLINGTON AVE	□Add
		LEHIGH ACRES, FL 33972	■Remove
			SEÉRET DIVISER 2023 OCT
			FILED STARK OF STARK
			□ Change
			□Add
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rective date, if other than the neffective date is listed, the date muster. If the date inserted in this blowment's effective date on the D	ock does not	t meet the ap	plicable stat	filing or more utory filing r	than 90 days a	ptional) fter filing.) Pu this date will	rsuant to 605.02 I not be listed
ecord specifies a delayed effectives filed.	e date, but n	ot an effecti	ve time, at 12	2:01 a.m. on	the earlier of	: (b) The 90)th day after th
AUGUST 29		2023	·				
	4	II)					
	Signature of	a member or	authorized ren	resentative of	a member		