

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SALMON LEGAL GROUP, P.L.

Account Number : I20180000045 Phone : (786)508-2020 Fax Number : (786)209-3030

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BERESFORD VENTURES MANAGERS, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Help

P.O. Box 6327

Tallahassee, FL 32314

4.

COVER LETTER

TO: Re	gistration Se vision of Cor	ction porations				
eup icee.		RD VENTURES MANAGER	S, LLC			
SUBJECT:		Name of Lin	ited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	ondence concerning this matter	to the following:			
		DAVID II. SALMON				
			Name of Person			
		SALMON LEGAL GROT	P.L.		2019 FAR	
			Firm Company			
		1395 BRICKELL AVENT	IE, SUITE 800		2019 APR -9 AM 10: 22 Seorcia Vyde Stati Dalianassi Jetor	FILED
			Address			EO
		MIAMI, FL 33131			H10:	
		FILINGS@SALMONLEG	City/State and Zip Code AL.COM		22	
		E-mail address: (to be used for future annual report notif	lication)		
For further	information c	oncerning this matter, please c	all:			
DAVID II.	SALMON		786 508-2020			
	Name o	d'Person	Area Code Daytime	2 Telephone Number		
Enclosed is	a check for th	he following amount:				
\$25.00	Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
	Registr	ING ADDRESS:	STREET/COURI Registration Section Division of Corpor	n		

Clifton Building

2661 Executive Center Circle

Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

BERESFORD VENTURES MANAGERS, LLC		
(<u>Name of the Limited Liability Coa</u> (A Florida Limit	npany as it now appears on our records.) ast Liability Company))
The Articles of Organization for this Limited Liability Compa	any were filed on Match 28, 2019	and assigned
Florida document number L19000087587		
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 Li	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	2019
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		0
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	EnterFloridastrevialdress	
	, Flor	rida
New Registered Agent's Signature, if changing Registered Age	•	ing viving

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	DAVID A. WEINER		
		1717 N. BAYSHORE DRIVE,	U 700
		APT 1437, MIAMI FL 33132	Remove
			Change
MGR	S. TURNER DEAN		
		3430 OLEANDER WAY, GULF STREAM, FL 33483	⋒ Remove
			Remove 20 Probance
MGR	SCOTT SALITERMAN		THE PART NAME OF THE PA
		495 BRICKELL AVENUE #509, MIAMI, FL 33131	
			— □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
			□ Remove
			☐ Change
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			Remove
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		<u> </u>	
			☐ Remove
			☐ Change

Effective date, if other than the date of filing: (Optional) (If an effective date is issued, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605,0207 (3) (Area of the date is issued 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. (The effective date on the Department of State's records.) (The 90th day after the record is filed.) (APRIL 3 2019 (APRIL 3 2019 (APRIL 3 2019)				
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Charles J. Itorowitz	Dated APRIL 3	2019		
Signature of a member or authorized representative of a member		ne 1, 2019		

Page 3 of 3
Filing Fee: \$25.00