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(Req	uestor's Name)		
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COVER LETTER

TO:	Registration Se Division of Cor			
	Berg Bees	LLC		
SUBJI	ECT:			
		Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspo	ondence concerning this matter t	to the following:	
		Kevin J Frett		
			Name of Person	_
		Berg Bees LLC		
			Firm/Company	_
		6396 Raleigh Street	Pitti/Company	
		W. M. Hallerger enteet		
			Address	-
		Orlando,Fl 32835 APT 291	II	20
			Charles 142 C	2019 HAY
		Kevin.Frett@aol.com	City/\$tate and Zip Code	
		E-mail address: (to	o be used for future annual report notification)	22
For fur	ther information co	oncerning this matter, please cal	11.	八三
	J Frett	oncerning this matter, prease ca.	407 5340563	۾ آ
			at ()	55
	Name of	f Person	Area Code Daytime Telephone Number	•
Enclose	ed is a check for th	e following amount:		
	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		te of Status &
			(additional copy is enclosed) Certified (additional	Copy copy is enclosed)
	MAILI	ING ADDRESS:	STREET/COURIER ADDRESS:	
	Registra	ation Section	Registration Section	
Division of Corporations P.O. Box 6327			Division of Corporations Clifton Building	
	Tallaha	ssee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION OF

neig nees lak.		
(Name of the Limited Liability Co	ompany as it now appears on our records.) ited Liability Company)	
(A Florida Lim	пес Главниу Company)	
The Articles of Organization for this Limited Liability Comp	4/26/2019 sany were filed on and	d assigned
E FONON 1 E2/60 T	any were med on and	a tangnet
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company." the designation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		77
		· · ·
	-	21
Enter new mailing address, if applicable:		: 5
(Mailing address MAY BE A POST OFFICE BOX)		
		· 2 三 六
	.:- 	- <u>"</u> 55
B. If amending the registered agent and/or registered		
registered agent and/or the new registered office address	here:	
		િંદો
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	F91 - 11	
-	, Florida	ode
New Registered Agent's Signature, if changing Registered Age	,	
I hereby accept the appointment as registered agent and correlative to the proper and compl		
accept the obligations of my position as registered agent		
being filed to merely reflect a change in the registered off		
company has been notified in writing of this change.		
ı i c	Changing Registered Agent, Signature of New Registered A	Agent

Page 1 of 3

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u> MGR	<u>Name</u> Kevin J Frett	Address 6396 Raleigh street Orlando, fl	Type of Action
		32835 apt 2911	■ Add
			□ Remove
			□ Change
			□ Add
			Remove
			Change
			Add
			Add Remove
			Change
			□ Remove
			☐ Change
		 	□ Remove
			☐ Change
		-	🗖 Add
			☐ Remove
			Change

or removed from our records:

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(If an eff Note:	fective date is listed, th If the date inserted	than the date of filing e date must be specific and in this block does not m on the Department of S	cannot be p	(optional) orior to date of filing or more than 90 days after filing.) Pursuant to 605, plicable statutory filing requirements, this date will not be listereds.	0207 (3 (b) d as the
		delayed effective d the record is filed.	ate, but	not an effective time, at 12:01 a.m. on the earlie	r of:
ъ .	05/17		2019		
Dated		harin		 o_{ 	
		Signature of a n	nember or a	uthorized representative of a member	
	Kevin j Frett				
			Typed or pr	rinted name of signee	
			, h		

Page 3 of 3

Filing Fee: \$25.00