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(Re	questor's Name)	<u> </u>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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2019 SEP 26 PM 1:35

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJ	ECT: Berkshive Fire Proofing and Insulation LL Name of Limited Liability Company
The er	aclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Mindy Lee
	Pinnacle Advertising
	1515 S Federal Huy Stc 301
	BUCA Rator Fr 33432 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Mindy Let at (561) 338-3940  Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
<b>√</b> \$2	25.00 Filing Fee \( \subseteq \subse

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

Derkshive tive Dr (Name of the Limited Liability Compa (A Florida Limited I	ooling and In	134 lation LL
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company	
The Articles of Organization for this Limited Liability Company Florida document number <u>L/9 000 125 5 19</u> .  This amendment is submitted to amend the following:	were filed on <u>05/01/201</u>	and assigned 26 P
A. If amending name, enter the new name of the limited liab	ility company here:	
		ω 
The new name must be distinguishable and contain the words "Limited Liabil		_
Enter new principal offices address, if applicable:	3495 N. Dixie Boca Ruton FC	Huy bay 9
(Principal office address MUST BE A STREET ADDRESS)	Bora Ruton FC	33431
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3495 N. Dixir Boan Kutor Fi	Huy bay 9 33431
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Florida street address	
	, Florida	21 61 1
	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>	Name	Address	Type of Action	
			Add	
			Remove	
			Change	
			□ Add	
			Remove	
			□ Remove	
			Change	
			Remove	
			Change	
			□ Remove	
			Change	
			Add	
			☐ Remove	

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:  9/1/2019 (optional) ective date is listed, 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)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	September 15+ 2019.  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Poter Gara
	Peter Gary  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00