L19000 175913

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900333351019

UB/25.1~--11015--113 **25.0f

...

Ahrend

SET OF TON

COVER LETTER

Division of Corporations			
SUBJECT: Berguez	Name of Limited Liab	ility Company	
The enclosed Articles of Amendment and Please return all correspondence concern			
,	_	to BERGES	QUEZADA.
BER	. OUEZ J	irm/Company	
1025	<u>5 NW 9T</u>	h ST. Circle	ApT-503
Mian		33172 State and Zip Code	
·	E-mail address: (to be use	d for future annual report notificati	on)
For further information concerning this (natter, please call:		
HERMES BERGES	QUEZADA.	at (305) 956-821°	₹
Name of Person		Area Code Daytime Tel	ephone Number
Enclosed is a check for the following am	ount:		
\$25.00 Filing Fee \$30.00 Filing Fee Certific	ate 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

TO:

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

BEROU		<u>C</u>		
(Name of the Limite	ed Liability Company : (A Florida Limited Liab	as it now appears (hiy Company)	on our records.)	
The Articles of Organization for this Limited Li	ability Company we	re filed on	7/8/19	and assigned
Florida document number <u>£19000175</u> 9				
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liabilit	v company her	<u>e</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the des	signation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applica	able: _			
(Principal office address MUST BE A STREE	<u>T.ADDRESS)</u> _			<u> </u>
	-			`
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE a	BON)		 -,	
	-			
B. If amending the registered agent and/eregistered agent and/or the new registered of		e address on	our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:	BERGES i	DUEZADA	HERMES	Augusto
New Registered Office Address:	10255 NW	9Th S	a street address	4 pt 503
	Miami	City	, Florida	33172 Zip Code
New Registered Agent's Signature, if changing R	tegistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified.	er and complete pe stered agent as pro registered office ad	rformance of n vided for in Cl	ny duties, and Las napter 605, F.S. C	m familiar with and Or, if this document is

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

Title	Name	Address	Type of Action
M6R		10255 NW 9Thst cir Aptso	3 Add
	AUEUSTO	Miami F1 33172	□ Remove
			🗆 Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			_□ Change
			_□ Add
			_ Remove
			_□ Change
			_□ Add
			_□ Remove
			_□ Change
			_□ Add
			_□ Remove
			☐ Change

			· · · · · · · · · · · · · · · · · · ·	<u> </u>			
							
			··				
			<u> </u>			.	
						·	
			<u></u>				
							
				• • • • • • • • • • • • • • • • • • • •			
f an effectiv <u>Note:</u> If t	date, if other than ive date is listed, the date the date inserted in the its effective date on the	e must be specific is block does no	and cannot be prio of meet the applic	r to date of filing or cable statutory fil	(o) more than 90 days a ing requirements.	ner ming.) Pursuam	to 605.02 be listed
	rd specifies a dela Oth day after the			ot an effective	time, at 12:0	1 a.m. on the ϵ	earlier
Dated	8 124	\mathcal{M}		norized representati	ve of a member		
		•			GES QU	EZJAdA	

Page 3 of 3

Filing Fee: \$25.00