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SECRETARY OF STATE

A. BUTLER APR 0 1 2022

COVER LETTER

subject: <u>5</u>	& P Jewe Name of Lim	Iry Wholesa ited Liability Company	k UC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Peter R Peter Berkn 5230 Land	Derkman Name of Person nan Attorney Firm/Company 1 D Lakes # Address Kes F1. 346	at Law, PLLC 431
	Peter @ Peter	City/State and Zip Code) COM
For further information c	concerning this matter, please or	all:	ication)
Peter Be	rkman f Person	ar(<u>813</u>) 600-	2971 Telephone Number
Enclosed is a check for the	he following amount:		,
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate 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:

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

(A Florda Limited L	ny as it now appears on our records.) TALLAHASSE TALLAHASSE	STATE E.FL
The Articles of Organization for this Limited Liability Company		2019 and assigned
Florida document number <u>84-3729028</u> .	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
Berkman Develop	mont LL	<u> </u>
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5230 Lana	<u>U Lakes</u>
(Principal office address MUST BE A STREET ADDRESS)	#43	0 01.00
	Land D Lakes	112 34639
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter th</u>	ie name of the new registered
agent and of the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	274.	> 1 .
	, Flor	ida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·	
I hereby accept the appointment as registered agent and agree	e to act in this canacity. I furt	her garee to comply with the
provisions of all statutes relative to the proper and complete	· · · · · · · · · · · · · · · · · · ·	
accept the obligations of my position as registered agent as p		-
being filed to merely reflect a change in the registered office	address, I hereby confirm that	the timited hability

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
			□Add
			□Remove
			□Change
			□Add
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		<u> </u>	Remove
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Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 900.	
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ocument's effective date on the Department of State's records.	(optional) days after filing.) Pursuant to 605.0207 nents, this date will not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie filed.	lier of: (b) The 90th day after the
March 14th, 2022.	
let Ben	
Signature of a member or authorized representative of a mem	

Filing Fee: \$25.00