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(City/State/Zip/Phone #)

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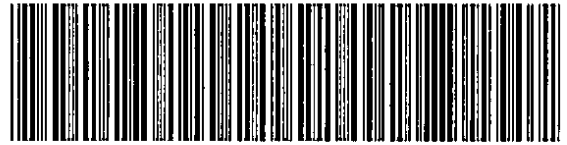
(Business Entity Name)

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Berkeley Communications LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following.

Mara Geronemus

Name of Person

Mara D Geronemus, PA

Firm/Company

4501 N. Meridian Avenue

Address

Miami Beach Florida 33140

City/State and Zip Code

mara@mdgpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mara D. Geronemus, Esq.

Name of Person

at (786) 877-8737

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

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TALLAHASSEE, FL

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Berkeley Communications LLC

Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 5, 2020 and assigned
Florida document number L20000154449

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 Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7901 4th Street N, STE 3000
St. Petersburg, FL 33702

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7901 4th Street N, STE 3000
St. Petersburg, FL 33702

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Registered Agents Inc.

New Registered Office Address:

7901 4th Street N, STE 3000
Enter Florida street address

St. Petersburg, Florida
City

33702
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.

Bill Hume

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FL

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Robert Wyse	19610 Sawgrass Circle, #2704 Boca Raton, Florida 33434	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Denise Wyse	19610 Sawgrass Circle, #2704 Boca Raton, Florida 33434	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Berkeley Communications Group Ltd.	100 Longwater Avenue Green Park Reading Berkshire RG2 6GP UK	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(Use an effective date only if the invention was first used in commerce or was the subject of a prior filing in another country.)

(If an effective 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)
 Notes: If the date inserted in this block is the date of filing, the date of filing must be the date of filing.

Note: If the date inserted 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

If the record specifies a delayed effective date, but not an effective time, at 12 01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 21

2022.

Signature of a member or authorized representative _____ member

Chris Hewitt

Typed or printed name of signer

Filing Fee: \$25.00

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