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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

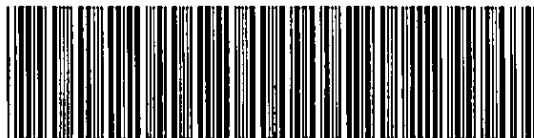
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/26/20 01015 000 *\$15.00

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2020 AUG 26 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

45
10/10/20

Berry2C LLC
1031 NW 31 Ave. Suite A 6
Pompano Beach, FLORIDA 33069
TOLL-FREE: 561-888-9921
claudio@Bocacosmeticsgroup.com

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 3231

Dear Sir or Madam,

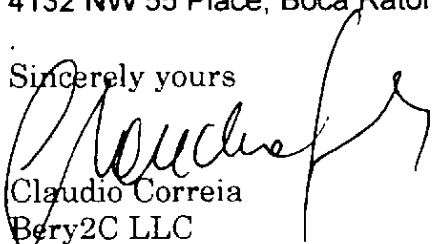
I am attaching the request for changing the name for Berry2c LLC to Marketing Technologies LLC.

All the other aspects of the registration will remain.

I can be contacted at (561) 441-8004 or (561) 888-9921 or via my email

I request any documentation or notification to be sent to my home address:
4132 NW 55 Place, Boca Raton, FL 33496

Sincerely yours


Claudio Correia
Bery2C LLC

08-26-2020

Attached documents:

Cover note

Application

Check for the amount of \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Berry2C 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:

Claudio Correia

Name of Person

Berry2C LLC

Firm/Company

1081 NW 31St Ave Suite A6

Address

Pompano Beach / Florida/33069

City/State and Zip Code

pb4132@aol.com

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

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2020 AUG 26 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Claudio Correia

561

888-9921

at ()

Name of Person

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BERRY2C 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 11 2020 and assigned
Florida document number L20000160684.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MARKETING TECHNOLOGIES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FILED
2024 AUG 23 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 AUG 26 PM 2:13
STATE
TALLAHASSEE, FLORIDA


FILED
2020 AUG 26 PM 2:13
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

(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)

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

08-19-2020



Signature of a member or authorized representative of a member

Claudio Correia

Typed or printed name of signee

Filing Fee: \$25.00