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(Cit	ty/State/Zip/Phone #	f)
PICK-UP	■ WAIT	MAIL
(Bu	siness Entity Name))
(Do	ocument Number)	
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Certified Copies	_ Certificates o	of Status
Consist Instructions to	Elling Officer	
Special Instructions to	Filing Officer.	

Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
	idental Investments LLC	-	
SUBJECT:	Name of Lin	nited Liability Company	
	of Amendment and fee(s) are sub condence concerning this matter	-	
	Ryan Berry		
		Name of Person	.
	Berry Residental Investme	ents LLC	
		Firm/Company	
	7051 Salamanca Ave		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Jacksonville Florida 3221	7	
	rberryjax@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	otification)
For further information	concerning this matter, please c	all:	
Ryan Berry		904 6122129 at ()	
Name	of Person		ime 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 Addre	ess:	Street Address:	

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

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

Berry Residental Investments LLC

company has been notified in writing of this change.

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it new appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on March 10, 2021	and assigned
Florida document number 86-2814719		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Berry Residential Investments LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" o	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 ad	ldress on our records, <u>enter th</u>	e name of the new registe
agent and/or the new registered office address here:		
N. CN. D. L. IA		
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 provisions of all statutes relative to the proper and complete p		•

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

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
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If an effective date is I Note: If the date in	other than the date of sted, the date must be speci- serted in this block does to date on the Departmen	fic and cannot be prior not meet the applica			g.) Pursuant to 605.0207
	delayed effective date, bu	ut not an effective tii	ne, at 12:01 a.m. on t	he earlier of: (b) T	he 90th day after the
ord is filed.		2021			
ord is filed.	Bern	20 MAA			
ord is filed.	Aerra (2) Signature	20 MAA	rized representative of a	і тетбет	