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| PICK-UP WAIT MAIL                       |
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| Special Instructions to Filing Officer: |
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2021 FEB 28 AM 9: 06

SECRETARY OF STATE
TALL LANCE OF STATE

A. BUTLER MAR - 8 2022

## **COVER LETTER**

|                 |         | stration Sect<br>ion of Corpo     |  |   |                      |   |  |  |
|-----------------|---------|-----------------------------------|--|---|----------------------|---|--|--|
| SUBJEC          | )<br>T- | Berry Housin                      | g Group LLC                                  |   |                      |   |  |  |
| JUDJEC          | ,ı      | Name of Limited Liability Company |  |   |                      |   |  |  |
|                 |         |                                   | mendment and fee(s) are subm                 | _   |                      |   |  |  |
|                 |         |                                   | Amari Berry                                  |   |                      |   |  |  |
|                 |         |                                   |  | Name of Person  |                      | <del>.</del>  |  |  |
|                 |         |                                   | Berry Housing Group LLC                      |   |                      |   |  |  |
|                 |         |                                   |  | Firm/Company  |                      |   |  |  |
|                 |         |                                   | 7643 Gate Parkway Ste 104-                   | -344  |                      |   |  |  |
|                 |         |                                   |  | Address   | <del></del>          |   |  |  |
|                 |         |                                   | Jacksonville, FL 32256                       |   |                      |   |  |  |
|                 |         |                                   |  | City/State and Zip Code                                       |                      | <del></del>   |  |  |
|                 |         |                                   | info@berryhousinggroup.con                   |   |                      |   |  |  |
|                 |         |                                   | E-mail address: (to                          | be used for future annual                                     | report notification) |   |  |  |
| For furthe      | er inf  | ormation con                      | cerning this matter, please cal              | 1:  |                      |   |  |  |
| Amari Be        | епу     |                                   |  | 904 982<br>at ()  | 2-8800               |   |  |  |
|                 |         | Name of P                         | 'erson                                       | Area Code   | Daytime Telepho      | one Number  |  |  |
| Enclosed        | is a c  | theck for the                     | following amount:                            |   |                      |   |  |  |
| <b>■ \$25.0</b> | 00 Fil  | ing Fee                           | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc |                      | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

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

Berry Housing Group LLC

2021 FEB 28 AM 9: 06

|  |                               |                               | ALLAHASSEE, FL                              |
|--|-------------------------------|-------------------------------|---|
| The Articles of Organization for this Limited L      | iability Company.             | were filed on 01708.          | and assigned                                |
| Florida document number L22000013473                 | ·                             |                               |   |
| This amendment is submitted to amend the following   | lowing:                       |                               |   |
| A. If amending name, enter the new name o            | of the limited liab           | oility company here           | :   |
| · · · · · · · · · · · · · · · · · · ·                |                               |                               |   |
| The new name must be distinguishable and contain the | words "Limited Liabi          | lity Company," the desig      | gnation "Ll.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic       | cable:                        | 7643 Gate Parkway             | y Ste 104-344                               |
| Principal office address MUST BE A STREI             | ET ADDRESS)                   | Jacksonville, FL 32           | 2256  |
|  |                               |                               |   |
|  |                               | 2000                          |   |
| Enter new mailing address, if applicable:            |                               | 7643 Gate Parkway Ste 104-344 |   |
| Mailing address MAY BE A POST OFFICE BOX)            |                               | Jacksonville, FL 32           | 2256  |
|  |                               |                               |   |
| B. If amending the registered agent and/or a         | registered office :           | address on our reco           | ords, enter the name of the new register    |
| agent and/or the new registered office addre         |                               |                               |   |
|  |                               |                               |   |
| Name of New Registered Agent:                        |                               |                               |   |
| New Registered Office Address:                       | 7643 Gate Parkway Ste 104-344 |                               |   |
|  |                               | Enter Florida                 | street address                              |
|  | Jacksonville                  |                               | Florida <sup>32256</sup>                    |
|  |                               | City                          | Zip Code                                    |

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 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 |
|--------------|-------------|-------------------------------|----------------|
| AR           | Keon Berry  | 10935 Acorn Park Ct           | □Add           |
|              |             | Jacksonville. FL 32218        |                |
|              |             |                               | □Change        |
| AR           | Daris Young | 443 Jax Estates Dr N          | □Add           |
|              |             | Jacksonville. FL 32218        | ■Remove        |
|              |             |                               | □Change        |
| MGR          | Amari Berry | 7643 Gate Parkway Ste 104-344 | <b>≣</b> Add   |
|              |             | Jacksonville, FL 32256        | □Remove        |
|              |             | <del></del>                   | □Change        |
|              |             | <del></del>                   | □Add           |
|              |             |                               | □Remove        |
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