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COVER LETTER

TO:

TO: Registration Se Division of Co		
Alpina Rea	ilty LLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return all correspondence	ondence concerning this matter	to the following:
	Benedict Gutierrez	
		Name of Person
		Firm/Company
	2020 N Bayshore Drive, S	<u> </u>
		Address
	Miami, FL 33137	
		City/State and Zip Code
	benedict.gutierrez@outlook	
For further information of	E-mail address: (concerning this matter, please c	all: 305 281-8087
Benedict Gutierrez		305 281-8087
Name o	of Person	Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	in the second se
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Section
Division of C		Division of Corporations
P.O. Box 633		The Centre of Tallahassee
Tallahassee,	ril 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alpina Realty LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Conference L23000339829	ompany were filed on 7/18/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Berlin Group LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(FCC)	_
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		202 S.:
		N 1000
B. If amending the registered agent and/or registered	 I office address on our records, enter the nam	
agent and/or the new registered office address here:		C 70 11
	ŢŢ.	S
Name of New Registered Agent:	1 -	A 6
rame of new registered rigent.		-
New Registered Office Address:	P. C	
	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 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>	Name	Address	Type of Action
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			□ Remove
			□Change
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific an s block does not (d cannot be prior to meet the applica		ore than 90 days afte			
he record specifies a delayed effe ord is filed.	ctive date, but no	t an effective tii	me, at 12:01 a.m.	on the earlier of: (b) The 90t	h day aft	er the
Dated 1/18		. 2024	, ·				
	/ // .	//	_				
	Sjgnature of a	member graben	rized representative	of a member			