L24000130321



(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



900436973349

1900-024 -311 --02 ----

TALL ADASSES FL

COVER LETTER

TO:

TO: Registration Se Division of Cor			
	CHFLORIDA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Gady Berkovich Name of Person		
		Name of Person	
	BERKOVICHFLORIDA I	J.C	
		Firm/Company	
	25 Mendes st		
	-	Address	
	Denville/NJ/07834		Daytime Telephone Number \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) dress: tion Section of Corporations tre of Tallahassee
		City/State and Zip Code	
	-		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	
Gady Berkovich		at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$ 25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address			ection
Division of Corporations			
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BERKOVICHFLORIDA LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our record I Liability Company)	is.)
The Articles of Organization for this Limited Liability Comparation document number $\frac{1.24000130321}{1.24000130321}$.	ny were filed on March 15.2024	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name mast be distinguishable and contain the words "Limited Lia	bility 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)		
		†1: N
nter new mailing address, if applicable:		70
Mailing address MAY BE A POST OFFICE BOX)		
	•	<u>∪</u>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	s,s
	, FI	orida
	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Gady Berkovich	25 Mendes st,Denville,NJ,07834	🗏 Add
			□ Remove
			□Change
			Remove
			☐Change
 131-7111-11-			□Add
			Remove
			Change
	 		□Add
			Remove
			□ Add
			Remove
			□Change
			🗖 Add
			□Remove
			□Change

		-		
			<u></u>	
				
			·	
		· · · · · · · · · · · · · · · · · · ·		
				
			<u> </u>	
		,		
		 _	<u> </u>	
		 .		
ective date, if other than the effective date is listed, the date must e: If the date inserted in this blument's effective date on the De	t be specific and cannot be pri ock does not meet the appl	or to date of filing or more that icable statutory filing requ	(optional) in 90 days after filing.) Pursuant to irements, this date will not be	o 605.02 e listed a
	· -			
cord specifies a delayed effective filed.	e date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day	after th
	202			
September 16	سر 2024 معمود می است	resource to the second		
	and Commentary.			
	Signature of a morehumone	thorized representative of a me	ember	_
	Signature of a literated of an			
1)	\cap	KOVICI-	:	

Filing Fee: \$25.00