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DOCUMENT # L9900002653 I. Entity Name OLEMBERG/BERENTHAL PROPERTIES, LLC									FIL	ED.				
								01 MAR 12 PM 4: 50						
				No. Address					SECRETAR	Ý OF	STAT	E.	,	
Principal Place of Business Mailing Address 800 N.W. 21ST STREET 800 N.W. 21ST STREET									SECRETAR TALLAHASS	EE. F	LOR	IDA		
MIAMI FL 331														
2. Principal P	ace of Busin				ı			61 18						
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State				City & State				4. FEI Number 59-1988191 Applied For Not Applicable						
Zip Country			Zi	р	Coun	itry	5. Certificate of Status Desired				5.00 Add ee Require			
	6. Name	and Address of Current I	Registe	ered Agent		Name	7.	Name	and Address of New	Registe	ored Ac	ent		<u> </u>
OI EMBEE	RG ISAAC						(DO [7 . l .	umber is Not Acceptat	ua)				4
OLEMBERG, ISAAC 800 N.W. 21ST STREET						Street Add	ress (P.O. E	30X INI	Jimber is Not Acceptat	л е) ———				_
MIAMI FL 33127												7:- 0		_
						City					FL	Zip Cod	е	4
3. The above	named entit	y submits this statement for	the pu	rpose of changing its	register	ed office or re	egistered aç	gent, c	or both, in the State of t	lorida.			-	
SIGNATURE _	Signature, typed	or printed name of registered agent a	nd title if a	applicable. (NOT	E: Registere	d Agent signature	required when I	reinstatin		ī	DATE			
				FII F N	OWIII	FEE IS \$50	0.00							
			i	Make Check Pa		· · · · · · · · · · · · · · · · · · ·		ate						
9. MANAGING MEMBERS/MEMBERS								1	ADDITION	S/CHAI	NGES	<u> </u>		╛╸
TITLE	MGRM	00.10440	TITL NAM							Change	☐ Addition	, ,,		
NAME Street Address		rg, Isaac . 21st street	STR	EET ADDRESS								000		
CITY-ST-ZIP	MIAMI FL	. 33127		☐ Delete	CITY	'-ST-ZIP						☐ Change	Addition	- 2
name Name	MGRM OLEMBE	RG, NIEVES		L. Delete	NAM	KE			60000	2:2				.
STREET ADDRESS C/TY-ST-ZIP	800 N.W. 21ST STREET MIAMI FL 33127					EET ADORESS (-ST-ZIP			-03/	20.70 **50	<u> </u>	J1U35-	-018 *50.00	
TITLE	MIAMIFI	. 33121		_ Delete	ŢITL	E			***	***;_i_	'- UU	☐ Change	Addition	-
name Street address					NAM STR	ME EET ADDRESS .								
CITY-ST-ZIP		 _			CITY	/-ST-ZIP			· · · · · · · · · · · · · · · · · · ·					4
TITLE NAME				☐ Delete	TITL NAM							☐ Change	Addition	'
STREET ADDRESS						EET ADDRESS 7-ST-ZIP								
CITY-ST-ZIP .				☐ Delete	TIŤL			,				☐ Change	Addition	ו
NAME	1.				NAM	ME EET ADDRESS			-					
STREET ADDRESS CITY-ST-ZIP			1			r-ST-ZIP								_ .
TITLE NAME				☐ Delete	TITL	l l						Change	☐ Addition	1
STREET ADDRESS					STR	EET ADDRESS								
CITY-ST-MP	certify that th	ne information supplied with	this fili	ng does not qualify fo	or the exe	r-st-zip emption state	d in Section	119.0	07(3)(i), Florida Statute	s. I furth	ner certi	fy that the i	information	-
indicated limited lia	on this repo	ort is true and accurate and any or the receiver or trustee	that my	y signature shall have wered to execute this	the sam report a	e legal effect s regalred by	as if made Chapter 60	undei 08, Flo	r oath; that I am a mar orida Statutes.	aging n	nember	or manage	er of the	
	*	in cold and	yl-) (Le	مر 1000ء	per /	7		3/08/10	1/	'25E) anic	-0 -	
SIGNAT	URE:	AND TYPED OR PRINTED NAME O	F SIGNIN	G MANAGING MEMBER, MA		EMBER RAUTHORIZED R	ZG REPRESENTATI	VE	Date		<u>ر سر</u> ه	ytime Phone #	1000	
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