## P08000090574

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<sub>liay 03 2017</sub> C McNAIR

## **COVER LETTER**

Division of Corporations LLBERKY INC NAME OF CORPORATION: \_\_ DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Johnstone Supply
Firm/Company 26. Box 3190

Address

Sacda, F/ 325/6

City/ State and Zip Code For further information concerning this matter, please call: at ( 850 ) 436 - 2008

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□**\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

**Mailing Address** 

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of



L.L. Berky INC.

(Name of Corporation as currently	filed with the Florida Dept. of State	2) 1/2
P08000	0090574	o, 1
(Document Number of		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:		
	NIA	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	lo". A professional corporation nan	or the abbreviation ne must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NJA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:		
Name of New Registered Agent  1/21 Perdido (Florida street)  New Registered Office Address: P.O.BOX 3190	Mayor Dr. Penso et address)  Ausacola, Florida City)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w		osition.
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:	Berky  Mayor Dr. Pense et address)  Ausacola, Florida  City)  ith and accept the obligations of the p	 <u>SCÓL</u> ey F <sup>I</sup> 3250 <u>32516</u> (Zip Code)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally Sı	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	Co	<u>Q</u>	Larry Hurston	10099 Nalle Ave Pansacola, Fl
Add				Fensacola, Fl
_X_ Remove				<i>325</i> 07
2) Change		_		
Add				
Remove				
3) Change		_		<del></del>
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Atta	nending or adding additional Articles, enter change(s) here:  ch additional sheets, if necessary). (Be specific)
	NA
f an	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself:
<u> </u>	(if not applicable, indicate N/A)
	NA

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: File Safe	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4-27-17	
Dated 4-27-17 Signature Lama Ci Selly	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Ceo	
(Title of person signing)	