00000144

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107

Fax Number

: (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEST SUPPLIERS, LLC

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B. BOSTICK

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Best Suppliers, LLC					
(Name of the Limited Liability (A Florida Li	ompany as it now appea	rs on our records.)			
(A Florida Lil	mited Liability Company)		7	2	
The Articles of Organization for this Limited Liability Con	marky word filed on 02	/11/2010	≥⊘ _rand;ass	<u>=</u>	
	inpany were med on			ancd AUG	
Florida document number L10000016442	,		75 E	<u>G</u>	Mary II
			SS	~2	۲
This amendment is submitted to amend the following:			tu⊂ ui⊷		ì
The state of the s			יון ד	<u> </u>	
A. If amending name, enter the new name of the limite	d liability company be	<u>re</u> ;	5:	<u>a</u>	Ì.
		_		 .	
The new name must be distinguishable and end with the words	or instead finition co-	and the designation of the		1.1	
"L.L.C."	s "Limited Liability Comp	any, the designation "LL	C or the B	IDDUGA	แอก
Enter new principal offices address, if applicable:					_
(Principal office address MUST BE A STREET ADDRE					_
					_
•					_
Enter new mailing address, if applicable:					_
(Mailing address MAY BE A POST OFFICE BOX)					
					_
					_
B. If amending the registered agent and/or register		our records, <u>enter th</u>	a name o	f the c	16W
registered agent and/or the new registered office addre	85 ner€:				
Name of New Registered Agent:					_
New Registered Office Address:					_
	E	nter Florida street addre	33		
		, 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 608, 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member Type of Action <u>Title</u> Name Address Juan Guzman 6020 NW 99 AVE STE # 209 MGR MIAMI, FL 33178 Remove Remove Remove

Remove

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i. If amending any other information, enter change(s) here: (Attach additional sheets, if nevessary,)

inted 00/02 2013
Nati ca_ Planaile
Signature of a member or sulhorized representative of a member
Nationa Marante (authorized representative)
Typed or primed name of signee

Page 3 of 3 Filing Fee: \$25.00

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