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SECRETARY OF STATE

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The best-Place to live, LLC Remove HGRN AND TREM

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the form and instructions to amend the Articles of Organization of a Florida Limited Liability Company.

A limited liability company can amend its articles of organization by filing articles of amendment with the Division of the requirements of s. 605 0202. Florida Statutes, which is printed on the reverse side of the requirements of s. 605 0202. Florida Statutes, which is printed on the reverse side of the

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Best Place Name of Limit	to live, LLC ted Liability Company
The enclosed Articles of Amendment and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
Danielo	Name of Person
Conporate Serv	rices International Consulting Group, LC
290 N	W 165th St. PH5 Address
Miami	Pl. 33169 City/State and Zip Code
Corporate.	Services a team remanagement. com so be used for future annual report notification)
For further information concerning this matter, please ca	
Lamila Reyes Name of Person	at (305) 454 · 0915 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\square \text{\$30.00 Filing Fee & Certificate of Status}	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section Division of Corporations
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassas FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Best Place	e to live, LLC
(<u>Name of the Limited Li</u> (A Fi	ability Company as if now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number <u>LI 00006237</u>	
This amendment is submitted to amend the followin	g:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and end with the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
_	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and ced agent as provided for in Chapter 605, F.S. Or, if this document is istered office address, I hereby confirm that the limited liability ange.
	If Changing Registered Agent, Signature of New Registered Agent
	Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
UGPH	Daniel E. Ferreri	290 NW 165thst. PHS	□ Add
		Hiami Fl. 33169	Remove
			84
HORM	Karin I. Heigel	290 NW 165th St. PHS	Add
	_	Miami Pl. 35169	Remove
MGRM	Daniela A Ferreri	290 NW 165th St. PHS	\ Add
		Miami Pl. 33169	Remove
HGRN	Cristian A. Ferreri	290 NW 165th St. 74K	
		Miami fl. 33169	X Remove
HGR.	Team Real Estate	290 NW 165th St PHS	DKadd
	Hanagement, LLC	Miami F1. 33/69	☐ Remove
			SECONDIVERSE STATE SECOND
			CHE IVRY OF STATE SIDH OF CORTURATION HAY I 8 SEN 3: 40 ECOLUSENCE ELORIDA ELORIDASSEL ELORIDA
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			수도 9 <u>BE</u>

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Effectiv	e date, if other	specific, cannot	late of filing: _ t be prior to date of rida Department of	5.14.15 f receipt or filed date a f State)	nd cannot be more th	(optional) han 90 days after
		2) 2.12 :				
		14		2015		
the date t		14 /		2015 2015	Å	

Page 3 of 3

Filing Fee: \$25.00

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