K21000346640

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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Co	rporations		
BESTHUM	TLLC		
SUBJECT:			
	Name of Lin	nited Liability Company	
(12)		No telegraph	
The enclosed Articles of	Amendment and fee(s) are sub	imitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	STEPHANIE D PINTO O	RTIZ	
		Name of Person	
		Firm/Company	
	1600 NW 128TH DR APT	• •	
		Address	
	SUNRISE, FL 33323		
	ISUNCARE@GMAIL.CO	City/State and Zip Code M	
	E-mail address: (to be used for future annual rep	ort notification)
For further information of	concerning this matter, please c	all:	
STEPHANIE D PINTO ORTIZ		954 90145	66
		at (
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section		on Section
Division of C	orporations .	Division c	of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BESTHUM LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/02/2021 and assigned Florida document number _____L21000346640 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action
MGR	HUMBERTO C LUONGO MARC	1661 SE 29TH CT APT 201	□Add
		HOMESTEAD, FL 33035	■Remove
			□Change
MGR DORIS M OF	DORIS M ORTIZ DE PINTO	1600 NW 128TH DR APT 102	
		SUNRISE, FL 33323	-
			□Change
			□Add
			□ Remove
			□Change
			□Add
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un effe <u>ote:</u>	e date, if other than the date of filing:
record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th i.
nted	UGUST 6TH 2021
ited _	
	Signature of a member or authorized representative of a member