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COVER LETTER

	on Section f Corporations
SUBJECT:	Name of Limited Limited Company
The enclosed Artic	es of Amendment and fee(s) are submitted for filing.
Please return all co	respondence concerning this matter to the following:
	Anamaria longado
	Best American Boporty True ments, Le
	2101 Pairioco Daire, Lik #1
	City/State and Zip Code Dapinuest a gmail. com E-mail address/ (to be used for future annual report notification)
	E-mail address (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
_ Anama	ame of Person at (407) 851-6367 Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
X \$25.00 Filing I	ee \$\sigma\$\$\\$30.00\$ Filing Fee & \$\sigma\$\$\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	ility Company were filed of 1 ing: ing:	registered office address on our readdress here: Annania longado 2101 Dainee Daine, a Enter Florida street	registered office address on our records, enter e address here: Annania Holgado 2101 Dainoeo Daine, wite All Enter Florida street address	registered office address on our records, enter the name of e address here:

New Registered Agent's Signature, if changing Registered Agent:

Ω

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 Changing Registered Agent, Signature of New Registered Agent

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			
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Filing Fee: \$25.00