Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SHUFFIELD LOWMAN

Account Number : 120030000118

: (407)581-9800

Fax Number

: (407)581-9801

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

Address REGISTEREDAGENT@SHUFFIELDLOWMAN.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOWMAN BUSINESS PARK LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$25.00	

FEB 1 3 2013

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOWMAN BUSINESS PARK, 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 June 9, 2004 and assigned
Florida document number <u>L04000043633</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
BEST PROPERTIES OF LAKE WORTH, LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
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)
, 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)

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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:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action	
MGR_	SUZANNE LOWMAN	420 HILLCREST STREET OVIEDO EL 32765	✓ Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			☐Add ☐Remove	
			Add T	
D. If amending	g any other information, enter change(s			
			-	
Dated JANUARY 31 2017				
Signature of a member or authorized representative of a member WILLIAM R. LOWMAN, JR., MANAGER				
Typed or printed name of signee				

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Filing Fee: \$25.00