204000)45443

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(Address)
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corpor			•
SUBJECT: BEST	LIFE HERBA	LS LLC	
Sobsect.	Name of Limi	ited Liability Company	
The enclosed Articles of Amo	endment and fee(s) are subr	mitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	ALISON	PAN DEV Name of Person	
-		Name of Person	
	BEST LIA	E HERBALS LLC Firm/Company	-
-		Firm/Company	
	2240 W N	JOOLBRIGHT, RO Address	. SUITE 202_
·	•	Address	
	BOYNTON	V BEACH, FL 33 City/State and Zip Code	1426
-			
_	AUSON Fi mail address: (1	C BESTUFE HERB o be used for future annual report notific	IALS. COM
Can Comban in Commercian and a		•	zation)
For further information conce	-		
AUSON PAR	1 DEV	at (561) 244. (6093
Name of Per	son	Area Code Daytime	Telephone Number
Enclosed is a check for the fo	llowing amount:		
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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**

BEST LIFE HE	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L0400045443.	were filed on 06/17/2004 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	<u> → → ⊘</u>
Enter new principal offices address, if applicable:	B LL A
(Principal office address MUST BE A STREET ADDRESS)	AR HAR
	9 22 2
	PA COS
Enter new mailing address, if applicable:	7 00 1
(Mailing address MAY BE A POST OFFICE BOX)	ಓ 9 ^m
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u>
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 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 Title Name **Address** Type of Action MARC SPIVACK IOI E LINTON BLVD, STE 202A D Add AMBR DELRAY BEACH, FL 33483 & Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

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ective date, if other n effective date is listed te: If the date inserte cument's effective date	ed in this block doe	s not meet the	applicable statt	filing or more tha story filing requ	option: 90 days after filitierments, this days	al) ng.) Pursuant to 605 ste will not be liste	.0207 ed as
record specifies The 90th day afte	a delayed effec er the record is	tive date, bu filed.	ut not an eff	ective time,	at 12:01 a.n	n. on the earlie	er of
ed March	6	, 201	8				
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	Signatu	re of a member o	r authorized rep	esentative of a m	ember		

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Filing Fee: \$25.00