

L07000033018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900196831779

03/07/11--01006--021 **30.00

FILED

2011 MAR -7 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSE
EXAMINER

MAR 08 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Best LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles T Lowrie
Name of Person

American Best LLC
Firm/Company

254 West 35 Street
Address

Miami Beach FL 33140
City/State and Zip Code

chaslowrie@usa.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Lowrie at (517) 202-9897
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAR -7 PM 4:28

FILED

Enclosed is a check for the following amount:

- ☐ \$25.00 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**

American Best 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 03/17/2007 and assigned
Florida document number ~~L070000030~~ L07000033018

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 end with the words "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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2011 MAR -7 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Charles T Lowrie

New Registered Office Address: 254 West 35 Street

Enter Florida street address

Miami, Florida 33140
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.

Charles T Lowrie
If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	NA	NA	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	NA	NA	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	NA	NA	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	NA	NA	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	NA	NA	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	NA	NA	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NA

FILED
2011 MAR -7 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated

February 28, 2011

Charles T. Lowrie

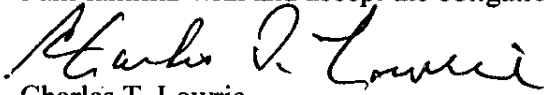
Signature of a member or authorized representative of a member

Charles T Lowrie

Typed or printed name of signee

New Registered Agent

I am familiar with and accept the obligations of registered agent for American Best LLC



Charles T. Lowrie

Date: February 28, 2011

FILED

2011 MAR -7 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA