## NO700009668

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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

BEST WH.	LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	BASSAM MOURAD			
	<del></del>	Name of Person		
	BEST WH, LLC			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	<del> </del>	
	P.O. BOX 226197			
		Address		
	MIAMI, FL 33131-3791			
		City/State and Zip Code	<del></del>	
	SAM@MOURADI.COM E-mail address: (	to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	·		
BASSAM MOURAD		305 785-5858		
Name o	f Person	at () Area Code Daytii	me Telephone Number	
Enclosed is a check for the	ne 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 Addres	· <del></del>	Street Address:		
Registration Section Division of Corporations		<del>-</del>	Registration Section Division of Corporations	
P.O. Box 632	•	The Centre of	=	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Comps (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Li Florida document number L07000098668	ability Company	were filed on 09/27/2007	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if application	able:	19111 COLLINS AVE	
Principal office address MUST BE A STREE	T ADDRESS)	UNIT 704	
	<del> </del>	SUNNY ISLES BEACH	FL 33160
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I	BOX)	P.O. BOX 226197 MIAMI, FL 33131-3791	
	<del></del>		2028 55 155
B. If amending the registered agent and/or reagent and/or the new registered office addres	•••	address on our records, <u>c</u>	enter the name of the new regist
Name of New Registered Agent:			PN 12:
New Registered Office Address:	19111 COLLII	NS AVE, UNIT 704	5. O
		Enter Florida street d	uddress
	SUNNY ISLES	S BEACH	Florida
		City	Zip Code

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

BEST WHILLC

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

It amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_bein or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Act
MGRM	MOURAD, BASSAM	P.O. BOX 226197	□Add
		MIAMI, FL 33131-3791	□Remove
			<b>≡</b> Change
			□Add
			□Remove
			Change
		<del> </del>	□∧dd
			□Remove
			□Change
			□Add
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		<del></del>	□Remove
			Change
			□Add
			□Remove
			□Change

<u>lote:</u> If t	date, if other than the date of filing:
is filed.	
ated	11-25-2022 13 Munul
	Hi- Muun
	Signature of a member or authorized representative of a member
	BASSAM MOURAD, MGRM
	Typed or printed name of signee