

NOV-12-2012 MON 12:54 AM

Division of Corporations

P.001

Page 1 of 1

L08000024662

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000246466 3)))



H100002464663ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

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

Email Address: _____

FILED
2010 NOV 12 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE BEST IN CONSTRUCTION, LLC

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

RECEIVED
10 NOV 12 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNT
NOV 16 2010
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE BEST IN CONSTRUCTION, 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 FLORIDA and assigned
Florida document number L08000024662

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

N/A

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

ALFONSO ANTONIO GILSON

New Registered Office Address:

4315 NW 7TH STREET STE 51

Enter Florida street address

MIAMI

Florida

33126

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.

Alfonso A Gilson
If Changing Registered Agent, Signature of New Registered Agent

FILED
2012 NOV 12 AM 11:46
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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
MGRM	ALFONSO A. GILSON	23419 DESERT GOLD DR. KATY, TX 77494	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	INDIRA B. DE BLANCO	16866 SW 1ST PLACE PENBROKE PINES, FL 33027	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JORGE A. RUSSIAN	647 ELM CREEK COURT ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	EDUARDO BLANCO	4315 NW 7TH STREET STE #50 MIAMI, FL 33126	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____

Alfonso A. Gilson
Signature of a member or authorized representative of a member

ALFONSO ANTONIO GILSON
Typed or printed name of signer

FILED

2010 NOV 12 AM 11:44
STATE OF FLORIDA
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY