# L0800060364

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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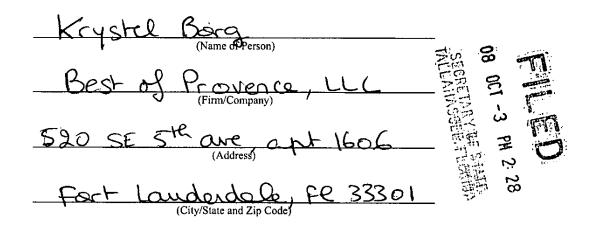
10/BN

## **COVER LETTER**

Divis	ion of Corporations	
SUBJECT: _	Best of	Provence, LLC
	0	(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:



For further information concerning this matter, please call:

(Name of Person) at (954) 740 9683 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

TO:

**Registration Section** 

□\$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

(Name of the Limited Lial (A Flor	Posence bility Company as it now artificial Limited Liability Compa	opears on our records.)		
The Articles of Organization for this Limited Liabili		08/22/2	<u>∞8</u> and assigned	
This amendment is submitted to amend the followin	g:			
A. If amending name, enter the new name of the	limited liability company	<u>y here</u> :		
		_		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability C	ompany," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable	· 		FO TO	
(Principal office address MUST BE A STREET A	DDRESS)			
			ώ ω · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			PH 2	
(Mailing address MAY BE A POST OFFICE BOX	<u>0</u>		28	
B. If amending the registered agent and/or reregistered agent and/or the new registered office		on our records, ente	r the name of the new	
Name of New Registered Agent:	Krystel E	Berg		
New Registered Office Address:		(Enter Floride due 4		
		(Enter Florida street address)		
<del>-</del>	(Cit.)	, Florida	(Zip Code)	
Now Degistered Agent's Signature if shape's - De-i-	(City)		(Lip Code)	
New Registered Agent's Signature, if changing Regis	tereu Agent:			

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

company has been notified in writing of this change.

(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 Title **Name Address Type of Action** MGRM Marine Bourbin □ Remove Remove **⊘** Aadd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00