

L08000105941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

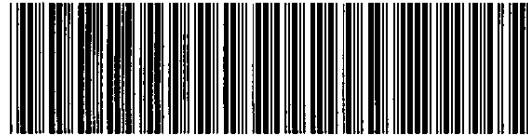
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 29 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BEST III INVESTMENTS, 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:

Leslie I. Snyder

Name of Person

Leslie I. Snyder P.A.

Firm/Company

4000 Ponce De Leon Blvd., # 470

Address

Coral Gables, FL 33146

City/State and Zip Code

lis@lsnyderlaw.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Leslie I. Snyder Esq.

Name of Person

at (**305**)

859-9580

Area Code & Daytime Telephone Number

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**

BEST III INVESTMENTS, 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 November 13, 2008 and assigned
Florida document number L08000105941.

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:

(Principal office address MUST BE A STREET ADDRESS)

1633 E. Vine Street

Suite 106

Kissimmee, FL 34744-3700

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1633 E. Vine Street

Suite 106

Kissimmee, FL 34744-3700

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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:

Luz Piedrahita

New Registered Office Address:

1633 E. Vine St., Suite 106

Enter Florida street address

Kissimmee

Florida

34744

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.

Luz Mariana Piedrahita

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>
MGRM	Benjamin E. Story	2819 Via Largo Court Kissimmee, FL 347144	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Benjamin E. Story	2819 Via Largo Court Kissimmee, FL 347144	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Maria A. Story	1607 J. Lawson Blvd. Orlando, FL 32824	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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.)

Articles of Amendment filed April 5, 2010 incorrectly stated "Interests in Partnership"(Interests in LLC) and correct ownership percentages are:
Hiram Story Lima, 20%; Ana Maria Story Lima, 10%; Maria Andreina Story, 22%; Daniela Maria Story, 22%; Maria Teresa Story, 22%; Maria Tessa Osio, 4%

Dated

10/25/10

2010

Signature of a member or authorized representative of a member

Maria A. Story

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA