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T. CLINE

JUL 2-9 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Best Hoa	GIES LLC	
Name of L	halted Liability Company	
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Ros	Roy Alterman Name of Person A. Alterman, P.A. Firm/Company	
	Firm/Company	
2115 F	Palm Bay RD. Svite 1E	2005 TAL
Palm Bo	OY FL 39905 City/State and Zip Code	2005 JUL 28 AH II SECRETARY OF STALLAHASSEE, FI
F-mail addre	ess: (to be used for future annual report notification)	TO E
For further information concerning this matter, plea		AMID: 09 SEE, FLORID.
		DF G
Nou Alterna Name of Person	at (S1) 726-000 9 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\times \text{Certificate of State}\$	(additional copy is enclosed) Certified	e of Status &
	\sim	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rest Hoasie	S,LLC	
(Name of the Limited Liability (A Florida I	Company as it now appears of Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>LO 9 0000 (ac</u>	Company were filed on <u>100</u>	ve 5, 2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company,	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		7.5 Zi
(Principal office address MUST BE A STREET ADDR	RESS)	
	 	
		SSE 28
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	52 5
		09 RID
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
	Cit.	, Florida
	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.

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 <u>Name</u> <u>Address</u> **Type of Action** Remove ☐ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member A. A(terman Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00