

109000103040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400318223524

03/10/18--01003--027 \*\*25.00

FILED

18 SEP 10 PM 6:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. ORATHIER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Best PCS, 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:

Louis Thornton

Name of Person

Best PCS, LLC

Firm/Company

1617 SE Port St Lucie Blvd

Address

Port St Lucie, FL 34952

City/State and Zip Code

thornton@bestpcshomecare.com

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

For further information concerning this matter, please call:

Galit Amlinov

772 344-8598

at ( )

Name of Person

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 PCS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
18 SEP 10 PM 6:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/26/2009 and assigned  
Florida document number L09000103040.

This amendment is submitted to amend the following:

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

Best PCS, LLC

The new name must be distinguishable and contain 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)

1617 SE Port St Lucie Blvd

Port St Lucie, FL 34952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1617 SE Port St Lucie Blvd

Port St Lucie, FL 34952

**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:

Louis Thornton

New Registered Office Address:

1617 SE Port St Lucie Blvd

Enter Florida street address

Port St Lucie

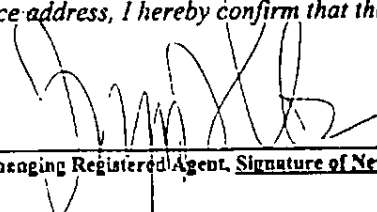
City

Florida 34952

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 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**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Louis Thornton	1617 SE Port St Lucie Blvd Port St Lucie, FL 34952	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Amanda Yakicic	1617 SE Port St Lucie Blvd Port St Lucie, FL 34952	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Galit Aminov		<input type="checkbox"/> Add
		1302 SE Pinewood Trail Port St Lucie, FL 34952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Oksana Aminov		<input type="checkbox"/> Add
		757 NW 100th Terrace Plantation, FL 33324	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

These changes should also apply to the Fictitious Name of Best Homemaker Companion Services;

Registration Number: G11000022134, Filed Date: 03/01/2011. Thank you.

09/05/2018

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 06, 2018

Signature of a member or authorized representative of a member

Galit Aminov

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

FILED  
18 SEP 10 PM 6:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA