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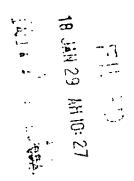
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BEST BUYS BEST BUYS TRADINCILLO
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:
JAY SINGH BEST BUPNEME OF PERSON ADINGTLICE 7500 TECHNOLOGY DR UNITB Firm/Company
MELBOURNE, FL 32904
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BHAPINDER K. SINGHa (321) 506-4038
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee & S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L09000112360}$	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	7500 TECHNOLOGY	-D.Co
(Principal office address MUST BE A STREET ADDRESS)	MELBOURNE, FL 32	1904 2
Enter new mailing address, if applicable:	/	15
(Mailing address MAY BE A POST OFFICE BOX)		2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		he name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	. Florida	
	Cuy . Florida	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

Title Name. **Type of Action** BHAPINDER SINGH 7500 TECHNOWGY DRIAND MGRM MELBOURNE, FL 32904 Change 7500 TECHNOLOGY DR DAdd BINA SINGH UNIT B Remove MELBOURNE, FL 32904 Change □ Add ☐ Remove DiChanger □ Add ☐ Remove _□ Change □ Add ☐ Change

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	<u> </u>
	10
Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of f Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	(optional) Tiling or more than 90 days after filing.) Pursuant to 605.0207 cory filing requirements, this date will not be listed as
e record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier of
Dated 1 · 26 · 18	
Nandh	, ,
TAY STALC	

Page 3 of 3

Filing Fee: \$25.00