L11000052708

(Requ	uestor's Name)
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(City/	State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
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(Busi	ness Entity Name)
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SECRETARY OF STATE

COVER LETTER

TO:	Registration S Division of Co			
SUBJ	FCT•	Best Hold	ings Group, LLC	
SUDJ	EC1.		ted Liability Company	
The er	iclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			From Magan	TALL 7811
			Evan Kagan Name of Person	<u>P</u>
			Name of Person	2812 HAY -8
			Firm/Company	FT:
			360 SW 14 Avenue	
			Address	-s ⁽¹⁾ 45
		For	t Lauderdale, FL 33312	
			City/State and Zip Code	
		E-mail address: (rankagan@gmail.com to be used for future annual report notification)	
For fu	rther information	concerning this matter, please of	·	
	E	Evan Kagan	at (954) 383-40	004
	Name	of Person	Area Code & Daytime Telephor	ne Number
Enclos	sed is a check for	the following amount:		
□\$ 2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S Certified Copy (additional copy is enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divisi P.O. E	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Best Hol	dings Group, LLC			_	
(<u>Name of the Limited Liability</u> (A Florida L	imited Liability Company)	s on our records.	•		
The Articles of Organization for this Limited Liability Co Florida document number <u>L11000052708</u>	ompany were filed on	5/4/2011	and	d assigne	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability company here	2:			
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Compar	ny," the designation	ı "LLC" or	the abbr	eviation
Enter new principal offices address, if applicable:			Er.	3162	
(Principal office address MUST BE A STREET ADDR.	ESS)		بزه	77.	
		-	7.2	~	,
				೦೨	I man
Enter new mailing address, if applicable:			<u>, 11</u>	7	[7]
(Mailing address MAY BE A POST OFFICE BOX)			35	-:	<u> </u>
	*******************************		277	क ्र	
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on o ress here:	ur records, <u>ente</u>	r the nar	ne of th	е псу
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	Cit	, Florida		<u> </u>	
	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 Type of Action **Title** <u>Address</u> Name_ Shun Qing MGRM 59-23 162nd Street Fresh Meadow, NY 11365 Remove MGRM Qianjiang Wang c/o Evan Kagan 360 SW 14 Avenue ☐ Remove Ft Lauderdale FL 33312 ___ Add Remove ☐ Add Remove □□Add 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 Dyped or printed name of signee

Page 2 of 2

Filing Fee: \$25.00