## 11000052708

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B. BOSTICK SEP **1 8** 2012

**EXAMINER** 

## COVER LETTER

Division of Corpo		•	;			
SUBJECT:	BEST HOLDII	NGS GROUP, LL	С			
SUBJECT:		ed Liability Company				
The enclosed Articles of An	nendment and fee(s) are sub-	nitted for filing.				
Please return all corresponde	ence concerning this matter t	o the following:				
	Evan Kagan			_		
		Name of Person				
		Firm/Company	<u> </u>	-		
	Firm/Company					
	17100	Collins Avenue, Suite	e 217	_		
		Address		7,1		
	Sı	unny Isles, FL 33160	· · · · · · · · · · · · · · · · · · ·		12 SE	h.
		City/State and Zip Code			SEP	
	E-mail address: (to	ankagan@gmail.com be used for future annual rep	ort notification)		7	
For further information con-	cerning this matter, please ca	ıll:			PH 4:	و ۱۰۰۰ م مرس
_					: 4,3	
Name of P	ın Kagan	at (954_)Area Code &	383-4004  Daytime Telephone Numb	er er	<b>~</b>	
	0.13011	Their code of	. Day inno Telephone I value			
Enclosed is a check for the	following amount:					
	\$30.00 Filing Fee &	\$55.00 Filing Fee &	□\$60.00 F	iling Fee,		
	Certificate of Status	Certified Copy (additional copy is e	enclosed) Certific	cate of Sta ed Copy		
			(additio	onal copy	is enclo	osed)
	G ADDRESS: on Section	STREET/C Registration	COURIER ADDRESS: n Section			
Division of P.O. Box	of Corporations		Corporations			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEST HOLDING	S GROUP, LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Liability Company)	)	<del>-</del>		
The Articles of Organization for this Limited Liability Company were filed on05/04/2011			and assigned		
Florida document number <u>L11000052708</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation	on "LLC	" or the a	bbreviation	
Enter new principal offices address, if applicable:		<del>7,</del> 1		<del></del>	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	2 		
			<u></u>	- <u>.                                     </u>	
		<u> </u>	~	· 1	
Enter new mailing address, if applicable:	17100 COLLINS AVENUE		=====	• 4	
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 217				
	SUNNY ISLES, FL 33160		<u> </u>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	e:			f the nev	
	Enter Florida street	address	3		
	, Florida				
	City	Z	Zip Code	ı	

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 Address **Title** Name 1 **ILYA** MBR C/O Ilya Torchinsky, Esq. 17100 Collins Avenue, Suite 217 Sunny Isles, FL 33160 Remove ☐ Add Remove Add Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September 13 Signature of a member or authorized representative of a member Evan Kagan Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00