## 11000053708

<b>(Days</b>		
(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
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(Bus	iness Entity Name	)
(Doc	ument Number)	
Certified Copies	Certificates o	f Status
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B. BOSTICK
MAR 2.4 2014
FXAMMER

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Best I	Holdings Grou	ıp, LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Ilya Torchins	sky	
		Name of Person	
	Ilya Torchins	sky, P.A.	
		Firm/Company	
	17100 Collin	ns Ave., Suite 217	7
		Address	
	Sunny Isles	Beach, FL 33160	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	office@ilyatorchins	SKY.COM to be used for future annual report notifies	ation)
For further information co	oncerning this matter, please ca	·	
Ilya Torchin		.786 .431-29	10
Name of	Person	at () Area Code Daytime T	elephone Number
Enclosed is a check for the	e 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 Holdings Group, LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L11000052708	Company were filed on 05/04/2011	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 words "Lie	mited Liability Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	- <del> </del>
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	3 5
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office add		name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	Florida	
	, Florida	Lip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent	and agree to act in this capacity. I further agree	to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR ≃ Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Amos Hadad	3364 NE 167th St.	□ Add
		North Miami, FL 33160	■ Remove
AMBR	SMF Holdings USA Inc	17100 Collins Ave., Suite 217	<b>■</b> Add
		Sunny Isles Beach, FL 33160	□ Remove
			□ Add
			□ Remove
			Add
		· · ·	Remove
		······································	
			Remove
			□ Add
			_□ Remove

		(optional)
ective date must be specific, cannot be prior to date of r	eccipt or filed date an	
ective date must be specific, cannot be prior to date of r e this document is filed by the Florida Department of S	receipt or filed date an tate)	
ective date must be specific, cannot be prior to date of r e this document is filed by the Florida Department of S	receipt or filed date an tate)	
ective date must be specific, cannot be prior to date of r e this document is filed by the Florida Department of S	eccipt or filed date an	
ective date must be specific, cannot be prior to date of r e this document is filed by the Florida Department of S	receipt or filed date an tate)	han 90 days after

Page 3 of 3

Filing Fee: \$25.00



March 5, 2014

LLYA TORCHINSKY 17100 COLLINS AVENUE SUITE 217 SUNNY ISLES BEACH, FL 33160

SUBJECT: BEST HOLDINGS GROUP, LLC

Ref. Number: L11000052708

We have received your document for BEST HOLDINGS GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

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Letter Number: 714A00004875