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DIVISION OF CORPORATIONS

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COVER LETTER

TO:			3 · ·	
eriot		MIUM PROPERTIES, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspor	ndence concerning this matter	to the following:	
	BEST PREMIUM PROPERTIES, LLC Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. Preturn all correspondence concerning this matter to the following: Rudy Canezo			
			Name of Person	
		Best Premium Properties,	LLC	
			Firm/Company	
		1802 CORPORATE CEN	TER LANE	
		_	Address	
		PLANT CITY, FL 33563		
			City/State and Zip Code	
		-		
			•	ication)
For fu	urther information ed	oncerning this matter, please ca	all:	
Erica	L. DeSanti, Esq.			
	Name of	Person	Area Code Daytimo	: Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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 PREMIUM PROPERTIES, LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	iled on and assigned
Florida document number L11000071938	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	0 1
B. If amending the registered agent and/or registered office ac registered agent and/ <u>or the new registered office address here</u> :	ldress on our records, enter the name of the r
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Mohannad Almalki	Jarir Street, Al Malaz	
		P.O.Box 105689	Remove
		Riyadh, 11656, Saudi Arabia	□ Change
			□ Remove
	 		Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			Add
			□ Remove

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Effective date, if other than				(option		
(If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	s block does not n	neet the applicabl				
the record specifies a dela) The 90th day after the i			an effective tir	ne, at 12:01 a.	m. on the ea	arlier of:
Dated March 31.	,	2018				
	mym	ſ				
	·	·	ed representative o	r.,	_ _	_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00