#1 12000003766

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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SEURETARY OF STATE
SEURITARY OF STATE

K.SALY EXAMINER AUG 27 2013



August 13, 2013

BEST FRANCHISE CHOICE, LLC JAMES G NEUMANN 1809 E BROADWAY ST., STE. 200 OVIEDO, FL 32765

SUBJECT: BEST FRANCHISE CHOICE, LLC

Ref. Number: L12000003766

We have received your document for BEST FRANCHISE CHOICE, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

•

Letter Number: 913A00019371

COVER LETTER

TO: Registration Section of Corporation of Corporat			
SUBJECT: Best	Franchise Chalce, Name of Limit	LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	James 6. No	EUm and Person	
	_		
	Best Franchis	Firm/Company	
	1809 E Broad	Sway St. Suite Zo	0
		Address	
	ovieds FL	32765 City/State and Zip Code	
	E-mail address: (to	nchesecheice, com o be used for future annual report notificati	on)
For further information cor	cerning this matter, please co		,
James G. Me	eron Person	at (407) 929-416. Area Code & Daytime Te	Z- lephone Number
Enclosed is a check for the	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

12. FILED

	Or		10 AUC 2
Best Frunchise Char (Name of the Limited)	ce, LLC		records.) AUG 26 PH 4: 29 records.) AHASSEE, EL ORIOA and assigned
(A	Florida Limited Lia	as it now appears on our bility Company)	records.) MOSEE FINATE
•			CORIDA
The Articles of Organization for this Limited Lia	ability Company w	vere filed on Jan 9, 2	and assigned
Florida document number <u>L12 00 000 37</u>	166		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabili	ty company here:	
,			•
The new name must be distinguishable and end with "L.L.C."	the words "Limited	d Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ible:		
(Principal office address MUST BE A STREE)	TADDRESS)		
Enter new mailing address, if applicable:			
	2010	·	
(Mailing address MAY BE A POST OFFICE I	<u> </u>		
B. If amending the registered agent and/o	r registered offi	e address on our reco	ords, enter the name of the new
registered agent and/or the new registered of			,
Name of New Registered Agent:	James 6	Nevmann	
New Devictored Office Address	1809 =	Bonding ST	Suite 200 ida street address
New Registered Office Address:	10016	Futor Flori	ida street address
		Linet Piuri	tar sir tar tauress
	Oviedo		, Florida <u>32765</u> Zip Code
		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 = Man MGRM = M	MGR = Manager MGRM = Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	

D. II	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· , · ·
Dated	1_8/19/13
	Signature of a member or authorized representative of a member
	Tames G Neumann Typed or printed name of signee
	typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00