## L120000 39731

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## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

SUBJECT:	BEST Name of Lin		ies LCC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Antoine Gendre		
	<del> </del>	Name of Person	
	Wolkar LLC		
	Name of Person  Wolkar LLC  Firm/Company  805 north andrews ave  Address  fort lauderdale FL 33301  City/State and Zip Code ameristargroupe@gmail.com  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:  354 8498725  at (		
	805 north andrews ave		
		Address	
	fort lauderdale FL 33301		
		City/State and Zip Code	
	ameristargroupe@gmail.co	n	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
ANtoine Gendre			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing Fee	•	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration			ection
Division of C	Corporations	Division of Con	rporations
Registration !	Section Corporations 27	Registration Se Division of Co The Centre of	rporations Fallahassee

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Best Profit Homes LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{3/21/12}{2}$ Florida document number  $\frac{L12000039731}{L12000039731}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: 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.

Cinv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Perera Floreal	<u></u>	□Add
		805 north andrews ave fort lauderdale fl 33311	<b>≡</b> Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Chunge
			DAdd
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		- <del> </del>	□Change
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		□Remove	
			□Change
			□Add
			Remove
			□Change

). If amending any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary	ary.)
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Note: If the date inserted in th	the date of filing:	ol) ng.) Pursuant to 605.0207 (3) ite will not be listed as the
he record specifies a delayed effi ord is filed.	lective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated 01/20	2020	
	Signature of a member or authorized representative of a member.	<del> </del>
Antoine Gendre		
	Typed or printed name of signee	<del></del>

Filing Fee: \$25.00