-42000103419

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CH CH 23586 Calabasas Rd. Suite 102 Calabasas, CA 91302 Totl-Free 888-692-6778 | Fax 818-879-8005 Email customerservice@mycorporation.com

May 1, 2018

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: ARTICLES OF AMENDMENT: LANDMARK INSURANCE OF CENTRAL FLORIDA LLC

Ladies and Gentlemen:

Please find enclosed for filing duplicate executed originals of the Articles of Amendment for the above-referenced entity.

Also enclosed is a check in the amount of \$25.00 as the appropriate filing fee.

Please return any filed copies or receipts to the undersigned.

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings My Corporation Business Services, Inc. 23586 Calabasas Road, Suite 102 Calabasas, California 91302

PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO THE POST FORMATIONS DEPARTMENT AT 888-692-6771.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LANDMARK INSURANCE OF CENTRAL FLORIDA 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 08/10/2012 12/2001 12/2001 13/20	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Best Management Group LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
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, entergistered agent and/or the new registered office address here:	
registered agent and/or the new registered office address note.	, ,
Name of New Registered Agent:	1
New Registered Office Address: Enter Florida street address	
, Florida	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 provisions of all statutes relative to the proper and complete performance of my duties, and I	r agree to comply with the am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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
MOIRM_	HARRO L. BEST JR.	363 VANGUARD POENT, Camelberry, Ft 32707	⊡ ∕Add
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ective date, if other than the date of filing: (optional) offective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Page 3 of 3

Filing Fee: \$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Ziv Code
		, Florida
New Registered Office Address:	Enter Florida street i	address
New Parietoral Office Address		
Name of New Registered Agent:		,") (3')
		,
registered agent and/or the new registered office add	lress here:	;
B. If amending the registered agent and/or regis	stered office address on our re-	
	· · · · · · · · · · · · · · · · · · ·	.,
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
•		- 1
Enter new mailing address, if applicable:		;
(Principal office address MUST BE A STREET ADDE	RESS)	
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Lim	nited Liability Company, Tine designation	LLC of the aboreviation E.E.C.
Best Management Group LLC	2.15.10.20.20.20.20.20.20.20.20.20.20.20.20.20	MI I C' and the abbunistics of I C'
A. If amending name, enter the new name of the lim	ited liability company here:	
This amendment is submitted to amend the following:		
Florida document number L12000103419	<u> </u>	
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{08/10/2012}{}$	and assigned
(Name of the Limited Statut	ty Company as it now appears on our r a Limited Liability Company)	ecoras.

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.

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 Type of Action Address Title Name 363 VANGUARD POENT, Camelbony, Fl 32707 FAdd HAROND L. BEST JR. MOIK M_ ☐ Remove _□ Change \square Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add _ Remove Change 🗓 نے □ Add ☐ Remove ☐ Change □ Add

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Note: If t	ve date is listed, the che date inserted in 's effective date or	this block does	not meet the a	prior to date or in the prior	mag of more than 20	davs after filing	g.) Pursuant to 605.02
he record The 90	d specifies a de lth day after th	elayed effect le record is f	ive date, builed.	it not an eff	ective time, at	12:01 a.m.	on the earlier
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Dated A	April 30, 2018		·				
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	4	Cianator	e of a member o	r authorized repr	esentative of a memb		
			J. L. Hiember O	. aumoniaco repr		- -	

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