13000093569

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SECRETARY OF STATE
ARCAHASSEE, FLORIDA

JUL 1 6 2013 J. BRYAN

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

BESTLAND PROPERTIES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



Name of Person

F&S PROJECTS CORP

Firm/Company

1920 N COMMERCE PARKWAY, STE. 1920-3

Address

WESTON, FL. 33326

City/State and Zip Code

CONTACT@FANDSPROJECTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL FERRER

954,482.9681

Name of Person

Area Code & Daytime Telephone 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)

FILED IN SEE. F. ST. LED

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



BESTLAND PROPERTIES 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 Co	ompany were filed on 07/01/2013	and assigned
Florida document number L13000093569		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	·
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	reet address
		orida
	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 = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	BOSCHIN, BARBARA	1920 N COMMERCE PARKWAY	Y Add
		SUITE 1920-3	Remove
		WESTON, FL. 33326	_
MGRM	BOSCHIN, BARBARA	1920 N COMMERCE PARKWAY	Y Add
		SUITE 1920-3	Remove
		WESTON, FL. 33326	_
MGRM	CARULLI, SERGIO	1920 N COMMERCE PARKWAY	Y Add
		SUITE 1920-3	Remove
		WESTON, FL. 33326	_
			Add
			Remove
		MALLA	
		HASS	
		EF OF S	
		ORIDA PIDA	R. R
			-
			Add
			Remove

ed JULY 08	, 2013
JULY 08	elo D:
JULY 08	Signature of a member or authorized representative of a member
JULY 08	clo D:

Page 3 of 3

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SECRETARY OF STATE