Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190000371903)))



H190000371903ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:						
	Division of Co					
	Fax Number	: (850)617-6383				
from:						
	Account Name	: INCORPORATING	SERVICES F	L		
		: 120050000052				No.
	Phone	: (850)656-7956			*	2019
	Fax Number	: (850)656-7953			> ` 	JAN 3
an	the email addres nual report mail:	ings. Enter only	one email :	address ple	ase.** 🛁	3 :-
	ail Address:		ECT OR M			
	LC AMND/RES	STATE/CORRI	ECT OR M			18:49
	LC AMND/RES	IMERCIAL RI	ECT OR M			18:49
	LC AMND/RES BEST COM	IMERCIAL RI	ECT OR M		7 .	CLINI
	LC AMND/RES BEST COM	IMERCIAL RI	ECT OR M	TES LLC	7 .	-

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEST COMMERCIAL REAL ESTATES LLC					
(Name of the Limited Liability Comna (A Florida Limited	iny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L13000146355	and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	dity company here:	2019			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "CL.C."			
Enter new principal offices address, if applicable:	19681 Black Olive Lane	SS 30 III			
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33498	□ 章 IT・			
	·	55 & C			
		in. 45			
Enter new mailing address, if applicable:	<u> </u>				
(Mailing address MAY BE A POST OFFICE BOX)					
•	· · · · · · · · · · · · · · · · · · ·				
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>c</u> :	enter the name of the nev			
Name of New Registered Agent:					
New Registered Office Address:					
·	Enter Florida street address				
	, Flor	ida			
	- 9	op over			

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 = M $AMBR = A$	fanager .uthorized Member		·
Title	Name	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
		<u> </u>	Adds
			AFFO Remove
			Change -
			□ Remove
			☐ Change
			
		<u> </u>	Remove
			Change
			Remove
			Change
 -			Add
			Remove
			Change

Page 3 of 3

Filing Fee: \$25.00