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(Re	equestor's Name)	
(Ad	ldress)	
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2015 SEP 25 AN IO: 49
SELRETARY OF STATE
FALLAHASSEE FLORIDA

SEP 29 2015 J. HARRIS

COVER LETTER

TO: , Registration Section Division of Corpor		
SUBJECT: BE		
	Name of Limited Liability Company	
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Eduardo G Rodrigues	
	Best Realty Services LLC	
	1085 BALD EAGLE DRIVE Apt E20	09
	MARCO ISLAND FL 34145 City/State and Zip Code bestreatty services 1@ 9 mail. com E-mail address: (to be used for future annual report notification)	
_	bestreatty services 1@ gmail. con	
For further information conce	cerning this matter, please call:	
	G Rodrigues at (954) 471-2755 Area Code Daytime Telephone Number	
Name of Per	rson I Area Code Daytime Telephone Number	
Enclosed is a check for the fo	following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Best Realty Service	E4, LLQ			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL\3000\1579\3		11/12/2013	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the des	ignation "LLC" or the abb	previation "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)	1085 P	Bald Eagle o Island	DR APT E FL 34	_20 <u> </u> 43 _
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter t</u>	the name of the	new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florid	la street address	•	_
		, Florida	Zip Code	_
New Registered Agent's Signature, if changing Registered Agent:	City		Zıp Code	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	ee to act in this ca performance of m	ny duties, and I am fo		

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rosa I Roderque	MARCO IS LONG FL 341	Add Add
		APT EZO9	Remove
		MARCO Island FL 341	45 ☐ Change
			Add
			□ Remove
		 	□ Change
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ote: If the count of the count	the date inserted in this block does not meet the applicable statutory filing requirements, is effective date on the Department of State's records. If specifies a delayed effective date, but not an effective time, at 12:02 th day after the record is filed.	this date will not be listed a.m. on the earlies I ALL S	eda erc

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Filing Fee: \$25.00