13000157938

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| Div | ision of Corp | orations | | | |
|---------------------------|---------------|---|---|---|--|
| SUBJECT: | BEST REAL | TY SERVICES LLC | | | |
| | | | ted Liability Company | | |
| | | | | | |
| The enclosed | Articles of A | mendment and fee(s) are subn | nitted for filing. | | |
| Please return | all correspon | dence concerning this matter to | o the following: | | |
| | | EDUARDO G RODRIGUE | ZZ. | | |
| Name of Person | | | | | |
| BEST REALTY SERVICES LLC | | | | | |
| Firm/Company | | | | | |
| 4888 DAVIS BLVD SUITE 127 | | | | | |
| | | | Address | | |
| | | NAPLES, FL 34104 | | | |
| | | | City/State and Zip Code | | |
| | | bestrealtyservices1@gmail.co | | | |
| | | E-mail address: (to | be used for future annual report i | notification) | |
| For further in | nformation co | ncerning this matter, please cal | II: | | |
| EDUARDO G RODRIGUEZ | | 239 738-7714 | | | |
| | Name of | Person | at () Area Code Day | time Telephone Number | |
| Enclosed is a | check for the | following amount: | | | |
| ■ \$25.00 F | iling 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) | |

MAILING ADDRESS:

TO:

Registration Section

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 SERVICES LLC | | |
|---|--|------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | ny as it now appears on our records. Liability Company) | <u>.</u>) |
| The Articles of Organization for this Limited Liability Company Florida document number L13000157938 | were filed on 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 here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1085 BALD EAGLE DRIVE | |
| (Principal office address MUST BE A STREET ADDRESS) | MARCO ISLAND, FL 34145 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 18 July -8 78 12 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | ffice address on our records, <u>e</u> : | enter the name-of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | <u> </u> |
| | , Floo | rida |
| | 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 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

ff 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 $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|------------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| effective date is listed, the date mus | date of filing:t be specific and cannot be prior to date of | of filing or more than 90 days after filing | .) Pursuant to 605.020 |
| ument's effective date on the De | ock does not meet the applicable sta epartment of State's records. | tutory filing requirements, this date | will not be listed a |
| | | | |
| record specifies a delayed he 90th day after the rec | f effective date, but not an e ord is filed. | ffective time, at 12:01 a.m. | on the earlier |
| ed JANUARY 4 | 2018 | | |
| | | | |

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee