## 130063059

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## **COVER LETTER**

	sistration Section Section of Corp			
SUBJECT:	BEST GRE	EN LLC		
SCHOLECT.		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
		ARYS L. GARGALLO D	OMINGUEZ	
		·	Name of Person	
		BEST GREEN LLC		
			Firm/Company	
		11401 SW 40 ST. STE 33	1	
			Address	ASS
		MIAMI, FL 33165		THAY -8 PH 4: 00
			City/State and Zip Code	1 00 20
		perishablesconnection@gm		
		E-mail address: (	to be used for future annual report notif	ication)
For further in	formation co	oncerning this matter, please co	all:	ication) PH 1: 00
Arys L. Garg	gallo		786 4242626 at ( )	<b>6</b> 🛣
	Name of	Person		Telephone Number
Enclosed is a	check for th	e 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)
	MAILI	NG ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEST GREEN LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited I Florida document number L13000163059	Liability Company	were filed on 11/20/2013	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	oility 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 appli	cable:	8310 NW 14 ST. DORAL FL 33126	···	
Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	8310 NW 14 ST. DORAL, FL 33126		
B. If amending the registered agent and registered agent and/or the new registered of			r the name of the new	
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A	***		
		Enter Florida street address		
	N/A	, Florida _	Zip Code	
		City	<b>г</b> ір Соае	

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A			Add
			□ Remove
			☐ Change
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	05/01/2017	7		
date, if other than the date of the date is listed, the date must be specified.	f filinø:		ore than 90 days after f	<b>nal)</b> iling.) Pursuant to 605.0
ne date inserted in this block doe s effective date on the Departme	s not meet the applic	cable statutory filing	g requirements, this	date will not be listed
s effective date on the Departme	in or state s records			
specifies a delayed effec	tive date, but no	ot an effective t	ime, at 12:01 a.	m. on the earlier
th day after the record is			·	
v 3	2017			
y 3	—, <u>~</u> / <u>7</u>	<u> </u>		
	(All)	V. ()		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00