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(Re	equestor's Name)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

N COOPER APR 2 0 2018

## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT:	Sest in Fle Name of Limit	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	TIBOR	K (SS Name of Person	
	Best 1	n Florida L	-16
	4521 Sum	ner Core Dr Address	E # 525
	Sarasola	FL 34247 City/State and Zip Code  da 2014 @ gmail o be used for future annual report notific	3
-	be tinfloric E-mail address: (to	da 2014 e gmail o be used for future annual report notific	eation)
For further information conc			,
TIBOR Name of Pe	KISS TSOR	at (941) 264 Area Code Daytime	7822 Telephone Number
Enclosed is a check for the f	ollowing amount:		
<b>52</b> \$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)

**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 **ARTICLES OF ORGANIZATION OF**

Best in	Florida	LLC			
(Name of the Limited Liabilit (A Florida	ty Company as it now app Limited Liability Compan	ears on our reco	ords.)	<del></del>	
The Articles of Organization for this Limited Liability C	• •	TIBOR	KISS	_ and assi	gned
	<u> 26</u>				
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ited liability company	<u>here</u> :			
	2-11-142-C				
he new name must be distinguishable and contain the words "Lim	ised Lasbeisty Company," th	e designation "Li	LU. or the abbre		SE
Inter new principal offices address, if applicable:	<del></del>				PZ
Principal office address MUST BE A STREET ADDR	ESS)			<u>×</u>	EE-
			# t	9	NASS TASS
				2	T 90
Inter new mailing address, if applicable:				ഇ	LOF LOF
Mailing address MAY BE A POST OFFICE BOX)		_		39	DE A
3. If amending the registered agent and/or regist	tered office address	OD OUR PACON	de enter the	noma 1	of the n
egistered agent and/or the new registered office add		on our recor	us, enter the	t name (	or the m
Name of New Registered Agent:					
New Registered Office Address:					
	Enter I	Torida street addi	ress		
		,!	Florida		
	City			Zip Code	
ew Registered Agent's Signature, if changing Registered	l 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>	Name	<u>Address</u>	Type of Action
AM BR	Gabor Ficze	4524 Scenner Core Dr # 525	E 🛭 Add
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tive date, if other than the date of i	filing: 04 /	to date of filing or mor	(optional to than 90 days after film	l) e.) Pursuant to 605.07
If the date inserted in this block does ment's effective date on the Department	not meet the applica			
ecord specifies a delayed effecti		t an effective tir	ne, at 12:01 a.m	. on the earlier
e 90th day after the record is fi	led.			
d 04. 16. 18.				
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Signature	, ·			

Page 3 of 3

Filing Fee: \$25.00