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(Re	questor's Name)	<u>, </u>
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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PATE AHASSE FLORIDA

COVER LETTER

TO:

Registration Section
Division of Corporations

SURJECT

Best Remodeling Services, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Best

Name of Person

Best Remodeling Services, LLC

Firm/Company

7126 Sunset Grove Court

Address

Lakeland, FL 33813

City/State and Zip Code

michael.best@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Best

",863,

944-7364

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$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 TO ARTICLES OF ORGANIZATION **OF**

Best Remodeling Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company	<i>y</i>)	
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L14000040633</u> .	March 11, 2014 and assi	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	<u>here</u> :	
The new name must be distinguishable and end with the words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L	
Enter new principal offices address, if applicable:	r	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SST FLORIDE	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name (
Name of New Registered Agent:		
New Registered Office Address:	Varida street address	
Enter r	Enter Florida street address	
	, Florida	
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 compl provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docu being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabilit company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each N Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> **Address** Type of. Name | 7126 Sunset Grove Court **Brian Wilges MGR** Lakeland, FL 33813 □ Remo □ Add □ Rem Don's Add □ Remo □ Add ☐ Remo □ Add ☐ Remov

1 1	would like myself, Michael Best and Brian Wilges to each
be	e 50 percent owners/members of Best Remodeling Services, LLC.
V	Ve will both be the managers of this company.
he effecti	e date, if other than the date of filing:
he effecti he date tl	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
he effecti he date tl R	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State) March 2 2 2014 Muhau 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
he effecti he date tl R	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00