L14 6000 78846

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Division of C			
Nov	ak Painting LL0		
SUBJECT:		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Sandor Szu	cs	
		Name of Person	
	WY STATE AND ADDRESS.	Firm/Company	
	5470 E Bus	ch Blvd #102	
		Address	· · · · · · · · · · · · · · · · · · ·
	Temple Terr	race, Florida 336	517
		City/State and Zip Code	
	protectiveworld@	gmail.com to be used for future annual report notif	ication)
For further information	n concerning this matter, please c	•	
Sandor Sz	zucs	at 813 84220	080
Name	e of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	r 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

Novak Painting LLC	ity Company se it now appears on our records \		
(A Florida	ity Company as it now appears on our records,) a Limited Liability Company)		
The Articles of Organization for this Limited Liability C Florida document number L14000078846	Company were filed on <u>05/08/2014</u>	and assign	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
Best Web Marketing LLC			
The new name must be distinguishable and end with the words "Li	mited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C	3."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	PFC()		
Trincipal Office and ess most DE /1 STRUET MINN	(2.3.9)		
			
Futon nom molling address if annitables			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	-		
B. If amending the registered agent and/or regis		the name of	the nev
registered agent and/or the new registered office add	ress here:		
			,
Name of New Registered Agent:		<u> </u>	है। स्वतिहरू
		<i>ကွ</i> ယ	1
New Registered Office Address:	Proceedings of the second of the	T. T.	19.20
	Enter Florida street address	<u> </u>	. 4214 (4
	, 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member	
<u>Title</u>	Name	Address Type of Action
AMBR	Norbert Novak	7510 142nd Ave. N#687 _ Add
		Largo, FL 33771 ■ Remove
AMBR	Sandor Szucs	5470 E Busch Blvd. #102 ■ Add
		Temple Terrace, FL 33617
		Add
		Add Add
-		Remoye CO Add
		Remove
		□ Add
		Remove

If amending any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)
ffective date, if other than the date of fil he effective date must be specific, cannot be prior to the date this document is filed by the Florida Departs	date of receipt or filed date and cannot be more than 90 days after
Pated Temple Terrace	08/13/2014
	
Signature o	f a member or authorized representative of a member
SAN	DOR SZUCS
	Typed or printed name of signee

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Filing Fee: \$25.00