

L14000 105531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

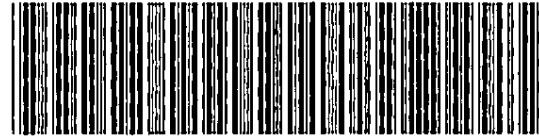
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STATE OF TEXAS
SECRETARY OF STATE

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: B.E.S.T. DELIVERIES OF FLORIDA 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:

PORSCHER D. OUTING
Name of Person

BEST DELIVERIES & MOVING LLC
Firm/Company

538 FITZGERALD DRIVE
Address

MAITLAND, FLORIDA, 32751
City/State and Zip Code

~~B~~ BESTDELIVERIESFLORIDAGMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CECE TENDEAL at (407) 595-7558
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

B.E.S.T. DELIVERIES LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 07/02/2014 and assigned

Florida document number L1400010553.1

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BEST DELIVERIES + MOVING LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

BEST DELIVERIES + MOVING

501 N. ORLANDO AVE. STE. 313, PMB 194
WINTER PARK, FL 32789

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

BEST DELIVERIES + MOVING

501 N. ORLANDO AVE. STE. 313, PMB 194
WINTER PARK, FL 32789

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

PORSCHE OUTING

New Registered Office Address:

501 N. ORLANDO AVE. STE 313, PMB 194

Enter Florida street address

WINTER PARK

City

Florida

32789

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.

Porsche N. Outing
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>	<u>Address</u>	<u>Type of Action</u>
MGR	NATHAN V. OUTING	538 FITZGERALD DR.	<input checked="" type="checkbox"/> Add
		MAITLAND, FL 32751	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR MGR	DAVID L. OUTING	740 SHERWOOD TERRACE DR.	<input type="checkbox"/> Add
		APT 102, ORLANDO, FL	<input checked="" type="checkbox"/> Remove
		32818	<input type="checkbox"/> Change
MGR	PORSHE D. OUTING	538 FITZGERALD DR.	<input checked="" type="checkbox"/> Add
		MAITLAND, FL 32751	Remove
			Remove
AMBR	NATHAN OUTING	538 FITZGERALD DR.	<input checked="" type="checkbox"/> Add
		MAITLAND, FL 32751	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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DEPT OF STATE
RECORDS SECTION

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 3 NOVEMBER, 2020

Porsche N. Outing

Signature of a member or authorized representative of a member

PORSCHE N. OUTING

Typed or printed name of signee

Filing Fee: \$25.00