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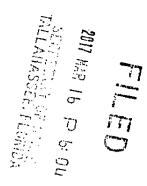
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# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: B	2S+ 41, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and	fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
	Advian Ivias Name of Person  ia - Menocal IRIAS & Pastori  Firm/Company
<u>40 S</u>	W 13 Street Suite 902
Mic aa	City/State and Zip Code  Vian @ 9milaw. com  mail address: (to be used for future annual report notification)  atter, please call:
For further information concerning this m	
Advian Ivins	at (305) 400 9652 5.  Area Code Daytime Telephone Number 5.5
Enclosed is a check for the following amo	unt:
\$25.00 Filing Fee \$30,00 Fil Certifica	ng Fee & S55.00 Filing Fee & S60.00 Filing Fee, e of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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 41,	LLC		•
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 14 000 12-8 21.7</u>	ere filed on	14 and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company." the designation "LLC" or t	he abbreviation "L.L.	<del>C.</del> ."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:  Name of New Registered Agent:	e address on our records, <u>en</u>	nter the name of	the new
		\$50 E	Property .
New Registered Office Address:	Enter Florida street address Florida		
	City	Zip Chde	<del></del>
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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = M $AMBR = A$	ianager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Adrian E. Irias	40 SW 13 Street # 902	
		Miami FL 33130	Remove
			□ Change
MGR	Aleyandro Palazuelos	1717 N Baydiore Driv	C Nada
-		#4120	□ Remove
		Miami FL 33132	Change
<u>MGR</u>	Lourdes Wriedt	1717 N Bayshore Dri	<b>V€</b> MAdd
		# 4150	□ Remove
		Miami FL 33132	Change
			□ Add
			□ Remove
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			Remove
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record spe	ecifies a delay	ed effective	date, but	not an eff	ective time	e, at 12:01	a.m. on th	ie earliei
he 90th d	ay after the re	ecord is filed	d.					
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Filing Fee: \$25.00