14600185760

questor's Name)					
dress)					
dress)					
y/State/Zip/Phone	: #)				
WAIT	MAIL				
siness Entity Nan	ne)				
(Document Number)					
_ Certificates	of Status				
Filing Officer:					
	:				
	dress) dress) y/State/Zip/Phone WAIT siness Entity Nan cument Number) Certificates				

Office Use Only



800275486528

08/03/15--01017--001 **25.00

SECRETARY OF STATE

7. HARAPTO ::

COVER LETTER

TO:	Registration S Division of Co			
SURJE	BEST UN	IION COMPANY LLC		
SCBOI			ited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		RUBEN D. TORO		
			Name of Person	
		RUBEN TORO P.A.		
			Firm/Company	.
		7901 KINGSPOINTE PK	WY STE. 31	
			Address	
		ORLANDO FL 32819		
			City/State and Zip Code	
		rubencpa@bellsouth.net		
			to be used for future annual report notif	ication)
For fur	ther information	concerning this matter, please ca	all:	
Ruben	D. Toro		407 370-6445 at ()	
	Name	of Person	Area Code Daytimo	Telephone Number
Enclose	ed is a check for	the following amount:		
■ \$25	5.00 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)

TO:

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 UNION COMPANY LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000185760</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L,L.C."
Enter new principal offices address, if applicable:	9531 CASTLEFORD PT.	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32836	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>enter</u>	SECRETURY OF STATEMENT OF the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	гір Соае

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, 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>	Type of Action
AMBR	NADIR CELIVIO KLEIN	9551 CASTLEFORD PT.	□ Add
		ORLANDO FL 32836	☐ Remove
AMBR	ROSANIA MARIA BIEHL KLEIN	9531 CASTLEFORD PT.	
		ORLANDO FL 32836	□ Remove
		· .	■ Change
AMBR	LUCIANE KLEIN	9531 CASTLEFORD PT.	
		ORLANDO FL 32836	□ Remove
			Change
AMBR	FERNANDA KLEIN	9531 CASTLEFORD PT.	Add
		ORLANDO FL 32836	□ Remove
			Change
AMBR	LEANDRO KLEIN	9531 CASTLEFORD PT.	■ Add
		ORLANDO FL 32836	Remove
			SECRET UG
	:		SSE D'Add
			E G P M
			NIE Change
			Linninge

			-						_
									_
				•					_
			<u></u>	. =					-
									_
		<u> </u>							_
									_
·-	····								_
									_
									_
		-							_
									_
				·					_
		-							_
									_
									_
ote: If the date ins	ther than the da sted, the date must be serted in this block e date on the Depa	t does not mee	t the applicab	date of filing or r le statutory filin	nore than 90 da ng requiremen	(optional ys after filin ts, this date) g.) Pursua e will no	ant to 60 of be lis)5.02 sted
record specifi The 90th day a	es a delayed e after the record	ffective dat i is filed.	e, but not	an effective	time, at 12	:01 a.m	on th	e earl	lier
							5 00	<u>د</u> يـ	
07/27/15		7 .		•			£ 66	J	
1ed		7//						=	720
07/27/15			mbor or outless '	and someone	a of a manufacture		CREI	NUG	
ted	Sign Sign Sign Sign Sign Sign Sign Sign	nature of a mer	nber or authori	zed representative	e of a member		CRETARY LAHASSE	15 AUG - 3 PM	

Page 3 of 3

Filing Fee: \$25.00