

L14000185760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

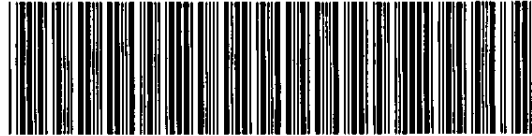
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG - 4 2015

T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BEST UNION COMPANY 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:

RUBEN D. TORO

\_\_\_\_\_  
Name of Person

RUBEN TORO P.A.

\_\_\_\_\_  
Firm/Company

7901 KINGSPONTE PKWY STE. 31

\_\_\_\_\_  
Address

ORLANDO FL 32819

\_\_\_\_\_  
City/State and Zip Code

rubencpa@bellsouth.net

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

For further information concerning this matter, please call:

Ruben D. Toro

407 370-6445  
\_\_\_\_\_  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



**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>
AMBR	NADIR CELIVIO KLEIN	9531 CASTLEFORD PT.	<input type="checkbox"/> Add
		ORLANDO FL 32836	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ROSANIA MARIA BIEHL KLEIN	9531 CASTLEFORD PT.	<input type="checkbox"/> Add
		ORLANDO FL 32836	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LUCIANE KLEIN	9531 CASTLEFORD PT.	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FERNANDA KLEIN	9531 CASTLEFORD PT.	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LEANDRO KLEIN	9531 CASTLEFORD PT.	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32836	<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.)*

[illegible]

**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 07/27/15

Signature of a n

Signature of a member or authorized representative of a member

NADIR CELIVIO KLEIN

Typed or printed name of signee

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