

LIS 0000 79757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

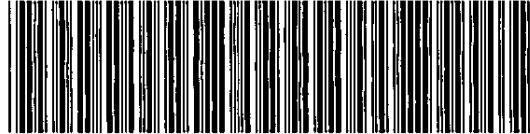
(Business Entity Name)

(Document Number)

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15 JUN 26 AM 7:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 29 2015

J SHIVERS

BEST MORTGAGE, LLC  
320 S Bumby Ave  
Suite 9  
Orlando Florida 32803

Document Number: L15000079757

Effective Date: 05/05/2015

06/24/2015

To whom it may concern,

I am changing the name due to I need the coma to appear on the articles as it appears above. Also please be sure to include the word "Suite" and not just the number "9".

Thank You



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Jaqueline Selinsek - Mgr

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BEST MORTGAGE, 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:

JASMINE RODRIGUEZ

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

BEST QUICK TAX RETURNS INC

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

320 S BUMBY AVE SUITE 10

\_\_\_\_\_  
Address

ORLANDO FL 32803

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

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

For further information concerning this matter, please call:

JASMINE RODRIGUEZ

407

896-7921

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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/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 MORTGAGE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/05/2015 and assigned  
Florida document number L15000079757.

This amendment is submitted to amend the following:

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

BEST MORTGAGE, LLC

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

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

320 S Bumby Ave

Suite 9

Orlando Florida 32803

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

320 S Bumby Ave

Suite 9

Orlando Florida 32803

**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:

Best Quick Tax Returns, Inc

New Registered Office Address:

320 S Bumby Ave Suite 10

*Enter Florida street address*

Orlando

*City*

Florida

32803

*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 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	JOSEPH RODRIGUEZ	1100 NORTH STREET	<input type="checkbox"/> Add
		LONGWOOD FL 32750	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joseph Alexander Rodriguez	1100 NORTH STREET	<input checked="" type="checkbox"/> Add
		LONGWOOD FL 32750	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

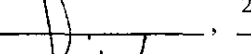
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TALLAHASSEE FLO

15 JUN 26 AM 7:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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.

Dated JUNE 24, 2015

NE 24 \_\_\_\_\_, 2015 \_\_\_\_\_.

 \_\_\_\_\_

Signature of a member or authorized representative of a member

JAQUELINE SELINSEK \_\_\_\_\_

\_\_\_\_\_  
Typed or printed name of signee