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\*\*ALLAHASSEE, FLORIDA

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S. YOUNG

# **COVER LETTER**

TO:	Registration Se Division of Cor		î°		
SUBJ!	ЕСТ:	top of the BE	ST UC		
		Name of Lin	mited Liability Company	_	
The en	closed Articles of	`Amendment and fee(s) are su	bmitted for filing.		
Please	return all correspo	ondence concerning this matte	r to the following:		
		OHER	BARSA DEH Name of Person		
			Name of Person		
			Firm/Company		
		1865 79 TH	ST. CSWY UNIT	2-0	SECRI TALLA
			City/State and Zip Code		ECRETARY OF STATE
		BAPSAD E-mail address:	EH @ G-HAIL. COH' (to be used for future annual report notif	lication)	FLOIT ST
For fu	ther information o	concerning this matter, please			2 3
	OHERA	HARSADEY	at (305) 509	.2527	
		of Person	Area Code Daytime	e Telephone Number	
Enclos	sed is a check for t	the following amount:			
□ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Centified Copy (additional copy is enclosed)	\$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &

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

TOP OF THE BEST, 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
Florida document number <u>L16000002271</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
ZIEBEST 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: SAUE: 1865 79 TH ST. CSWY
(Principal office address MUST BE A STREET ADDRESS) SUITE 2-D 5 FG
NORTH BAY VILLAGE, FLES 33/41
Enter new mailing address, if applicable: 1867 79 TH ST. CSW 22
(Mailing address MAY BE A POST OFFICE BOX) SOITE 2-D
NORTH BAY YULAGE, FL=3377
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: OMER BAR-SADEH
New Registered Office Address: 1867 79 TH ST. CSW1 SUITE 2-D  Enter Florida street address
NORTH BAY UILLAG Florida 33141  City Zip Code
May Registered Agent's Stangture, if changing Registered Agent:

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>	Address	Type of Action
MER	NESTELBAUM DAN		
		230 SW 13 TH ST.	Remove
		DANIA BEACH, FL 33004	Change
			Add
			☐ Remove
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Page 3 of 3

Filing Fee: \$25.00

# **Certified Copy**

I certify the attached is a true and correct copy of the Articles of Organization of TOP OF THE BEST LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on January 04, 2016 effective January 04, 2016, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L16000002271.

Authentication Code: 160107150130-400280569494#1

16 HAR 21 PH 5: 01

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Seventh day of January, 2016

#### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR OMER BAR-SADEH 1865 79TH ST. CSWY. SUITE 2-D NORTH BAY VILLAGE, FL. 33141 US

Title: MGR NESTELBAUM DAN 230 SW 13TH ST. DANIA BEACH, FL. 33004 US L16000002271 FILED 8:00 AM January 04, 2016 Sec. Of State tjschroeder

### Article V

The effective date for this Limited Liability Company shall be:

01/04/2016

Signature of member or an authorized representative

Electronic Signature: OMER BAR-SADEH

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155. F.S. I understand the requiremental file an annual report between January 1st and May 1st in the calendar year following formation of the Life and every year thereafter to maintain "active" status.

TALLAHASSEE, TLORIBA

## Electronic Articles of Organization For Florida Limited Liability Company

L16000002271 FILED 8:00 AM January 04, 2016 Sec. Of State tjschroeder

### Article I

The name of the Limited Liability Company is:

TOP OF THE BEST LLC

### Article II

The street address of the principal office of the Limited Liability Company is:

1865 79TH ST. CSWY SUITE 2-D NORTH BAY VILLAGE, FL. 33141

The mailing address of the Limited Liability Company is:

1865 79TH ST. CSWY SUITE 2-D NORTH BAY VILLAGE, FL. 33141

### **Article III**

The name and Florida street address of the registered agent is:

OMER BAR-SADEH 1865 79TH ST. CSWY SUITE 2-D NORTH BAY VILLAGE, FL. 33141

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: OMER BAR-SADEH

SECRETARY OF STATES