L16 000101898

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COVER LETTER

TO: Registration S Division of Co			
	dings, LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Robert Bester		
•		Name of Person	
	Bester Holdings, LLC		
		Firm/Company	
	2084 Orange Branch Trail		
		Address	
	St. Johns, FL 32259		
		City/State and Zip Code	
	1stcoastdb@gmail.com		
For further information of	concerning this matter, please ca	to be used for future annual report notifiall:	ication)
Robert Bester		904 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

Bester Holdings, LLC			
(<u>Name of the Lim</u>	ited Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.)	
he Articles of Organization for this Limited	Liability Company were filed or	n 05/24/2016	and assigned
orida document number L16000101898	·		_
nis amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name	of the limited liability compan	<u>y here</u> :	
e new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbr	eviation "L.L.C."
nter new principal offices address, if appli	cable:		
rincipal office address MUST BE A STRE	ET ADDRESS)		-
nter new mailing address, if applicable:		55	1
(Mailing address MAY BE A POST OFFICE BOX)			့် တီ
-			
		·	23
If amending the registered agent and	or registered office address	on our records, enter ti	
gistered agent and/or the new registered of	iffice address here:	رات	
		OR!	ਂ ਮੌ
Name of New Registered Agent:	Robert Bester		<u> </u>
New Registered Office Address:	2084 Orange Branch Trail		
	Enter	Florida street address	
	St. Johns	, Florida ³²²⁵	9
	City .	, i loi lua	Zin 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 New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added on removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert Bester	2084 Orange Branch Trail	
		St. Johns, FL 32259	☐ Remove
			Change
	**************************************		Add
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		CORID.	<u>ක</u>	2244
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(If an et Note:	ive date, if other than the date of filing: [ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date ment's effective date on the Department of State's records.	g.) Pursuant t		
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the e	arlier	· of:
the re) The	. John day direct directora is thesis			
the re) The Dated				
) The				

Page 3 of 3

Filing Fee: \$25.00