L16000111862

(Requestor's Name)				
(Address)				
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(City	//State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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D. SCOTT DEC 1 6 2016

COVER LETTER

TO: F	Registration Sec Division of Corp	tion orations			
SUBJEC'		ON TRANSPORTATION LI	.C		
SUBJEC	·	Name of Lim	ited Liability Company		
The enclo	sed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspon	dence concerning this matter	to the following:		
		GUILLERMO DAVILA			
			Name of Person	,	
		BEST OPTION TRANSPO	ORTATION LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		732 SONJA CIRCLE			
		, , , , , , , , , , , , , , , , , , , ,	Address		
		DAVENPORT FL 34742			
			City/State and Zip Code		
		MIMOPR24@YAHOO.CC	M to be used for future annual report notific	estion)	
Con firmtho	u information on		·	acioni	
ror turtne	er intormation co	ncerning this matter, please co	au:		
GUILLE	RMO DAVILA		407 914-1073 at ()		70 5
	Name of	Person		Telephone Number	超過
Enclosed	is a check for the	following amount:	•		· 答· · · · · · · · · · · · · · · · · ·
\$25.0	0 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 State Certified Copy (additional copy is encl	担当っ

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

BEST OPTION TRANSPORTATION 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 JUNE 9, 2016 and assigned Florida document number L16000111862 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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
MGR	RAMFIS L. ORTIZ FIGUEROA	2009 EMMETT ST	■ Add
		KISSIMMEE FL 34741	□ Remove
			- a
			□ Remove
			Change
			□ Remove
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			Remove TO Remove
******			Add
		***************************************	☐ Remove
			☐ Change

Effective date, if other than the date of filing:	. If amending any other information, enter change(s) here:	
Effective date, if other than the date of filing: (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 605.020' Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated 12.12.14 Signature of a member or authorized representative of a member		
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Signature of a memory of manifest representative of a memory	Dated /2.12.14 ,	題号卫
Signature of a memory of manifest representative of a memory	Stiller Sailon	inc in
GUILLERMO DAVILA	Signature of a member of datalon	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00