

L16000128774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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ALABAMA
FILING OFFICE
MONTGOMERY, ALABAMA

SEP 19 2016
Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2016

JOULAN PHILOGENE
1605 NW 114TH STREET
MIAMI, FL 33167 US

SUBJECT: EASY BEST,"LLC
Ref. Number: L16000128774

We have received your document for EASY BEST,"LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 316A00017604

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EASY BEST "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:

PHILOGENE JOULAN
Name of Person

EASY BEST "LLC"
Firm/Company

1605 NW 114th Street
Address

MIAMI FLORIDA 33167
City/State and Zip Code

JOULANPH@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philogene JOULAN at (386) 461-2984
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

EASY 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 07/07/2016 and assigned Florida document number L16000128774.

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:

PHILOGENE JOULAN

New Registered Office Address:

1605 NW 114th Street

Enter Florida street address

MIAMI

City

Florida

33167

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.

PHILOGENE JOULAN

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

Title	Name	Address	Type of Action
AMBR	Michelle St Louis	1605 NW 114 Street MIAMI, FL 33167	<input checked="" type="checkbox"/> Add

☐ Remove

☐ Change

☐ Add

☒ Remove

☐ Change

PRES	PHILOGENE JOULAN	1605 NW 114 Street MIAMI FL 33167	<input checked="" type="checkbox"/> Add
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PHILOGENE JOULAN ☒ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

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☐ Add

☐ Remove

☐ Change

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MIAMI, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please Ad. My EIN number for me
EIN 473 456 446

16 SEP 15 PM 1:21
CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

E. Effective date, if other than the date of filing: 07, 2016 (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 _____, _____.

PHILO GENE JOLAN

Signature of a member or authorized representative of a member

PHILO GENE JOLAN

Typed or printed name of signee