(((H21000006156 3)))

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email 3	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BEST SELF LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

→ 18506176383

BEST SELF LLC		4-1
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our record bility Company)	ענו
The Articles of Organization for this Limited Liability Company we Florida document number 116000189854	ere filed on 10/13/2016	and assigned
This amendment is submitted to aniend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20;
		JAN
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>ente</u> ;	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
		lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erjormance of my munes, o mided for in Chapter 605.	F.S. Or, if this document is

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:

pg 3 of 4

MGR = Manager AMBR = Authorized Member

<u>Titk</u>	Name	Address	Type of Action
MGR	ANDREW ZARROW	405 7TH AVE	⊜Add
		LARGO, FL 33770	☐ Remove
			Change
			□Add
			☐ Remove
			Change
			DA6d
			□Remove
			Change
			□Add
			Remove
			☐ Change
			DAdd
			□Remove
			Change
			□ Add
			CRemove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
	
	
	
	 -
	
E. 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.) Pursu Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	uant to 605.0207 (3)X not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 n.m. on the earlier of: (b) The 90th record is filed.	ı day after the
Dated January 6th 2021	
Signature of a member or authorized representative of a member	
Carlos M Alvarez, Attorney-in-Fact	
Typed or printed name of siguee	

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