(Requestor's Name)
(Address)
(Address)
(,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Doddinent Namber)
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DEC 2 9 2016 Y SULKER



December 27, 2016

LAZARO J FERNANDEZ 807 SW 11 AVE CAPE CORAL, FL 33991 US

SUBJECT: BEST CHOICE PRESSURE CLEANERS L.L.C

Ref. Number: L16000222146

We have received your document for BEST CHOICE PRESSURE CLEANERS L.L.C and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

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.

Letter Number: 316A00027475

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

SUBJECT: Best	+ Choice	Pressure Cleaned Liability Company	ner's L.L.C
	Name of Limit	ted Liability Company	
•			
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
		_	
	LAZAro	J Fernande Name of Person	.7
		Name of Person	
	Best Cho	ice Pressure	Cleaners L.L.C
		rimi/Сотралу	
	7409 SW 15	52 ave # 104 Address	, , , , , , , , , , , , , , , , , , ,
		Address	
	Miami	F1 33193 City/State and Zip Code	
	_		
	Laz 7788	O Gmail. Com	
	E-mail address: (to	o be used for future annual report notific	cation)
For further information cor	ncerning this matter, please cal	11:	
LAZAYO	Fernandez	at (786) 537- Area Code Daytime	5352
Name of I	Person	Area Code Daytime	Telephone Number
England in a shork for the	following amounts		
Enclosed is a check for the	<u> </u>	_	
\$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:

TO:

Registration Section Division of Corporations

> 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

Dest Choice pressure		<u></u>
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000</u> 222146.	were filed on DeC, 8, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address; if applicable:	7409 SW 152 ave Miami, fl 3319	APT 104
(Principal office address MUST BE A STREET ADDRESS)	Miami, fl 3319	<i>'3</i>
Enter new mailing address, if applicable:	7409 SW 15Z ave Miami, Fl 3319	AP1 104
(Mailing address MAY BE A POST OFFICE BOX)	[V](aM) , +1 > > /	
••		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r the name of the new
		6
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	Sign No.
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	S 60

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
CEO	Michel Medina		□ Add
		807 SW 11 ave Cape Coral fl 3399	/ Remove
			Change
CEO	LAZATO J fernandez	7409 SW152 OUC #104 Miomi, fl 331	93 X Add
			☐ Remove
			Change
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	No.	4	4,.
			
fective date, if other than the date of filing:	(optional)		
an effective date is listed, the date must be specific and cannot be prior to date of filing or more ote: If the date inserted in this block does not meet the applicable statutory filing re-	than 90 days after filing.) Pur		
ocument's effective date on the Department of State's records.	•		
e record specifies a delayed effective date, but not an effective tim	no at 17:01 a m on	tha or	rdiae
The 90th day after the record is filed.	ie, at 12.01 a.m. on	tile ec	ii iiÇi
Dag 10 1-16			
ated Dec, 18, 2016			
ated Dec, 18, 2016 Large Fall Policy of a member or authorized representative of			

Page 3 of 3

Filing Fee: \$25.00