

L170000 72986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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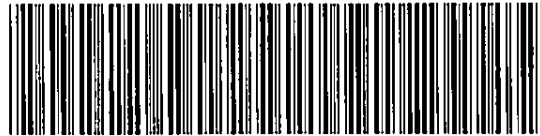
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2017 OCT 23 AM 8:12

TALLAHASSEE, FLORIDA

S. WARREN

OCT 25 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blu Fin Best Rentals 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:

Patrick J. Daniel
Name of Person
Blu Fin Best Rentals, LLC
Firm/Company
425 Buchanan Ave. Unit 301
Address
Cape Coral, FL 32920
City/State and Zip Code
pjd.daniel@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick J. Daniel at (813) 957-2447
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

B/a-Fin Best Rentals 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 March 31, 2017 and assigned Florida document number L 17 00000 72986

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

425 Buchanan Ave
Unit 301
Cape Canaveral, FL 32920

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

City Florida 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.

If Changing Registered Agent, Signature of New Registered Agent

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ALABAMA
FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Noelle Schus	260 Cold Stream Ave	<input type="checkbox"/> Add
		Nerritt Island FL	<input checked="" type="checkbox"/> Remove
		32953	<input type="checkbox"/> Change
MGR	Joseph Giraux	260 Cold Stream Ave	<input type="checkbox"/> Add
		Nerritt Island FL	<input type="checkbox"/> Remove
		32953	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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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.

Dated October 12, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signer

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA