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### COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	BESTEASY WOR Name of Limi	ited Liability Con	pany	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	·	
Please return all correspon	dence concerning this matter	to the following		
	MARTIN	Ru	2	
		Name of P	erson	
	BESTE	-ASYW	DRK LLC	<u>)</u>
		ľ	· •	
	260 N	INDU	STRIAL DI	2 #740152
		Addres	Š	
	GRANGE	CITY,	FLORIDA	32774
	GRANGE MMRZDE E-mail address: (1	EARTH	CINK.V	IET
	E-mail address: (t	to be used for fut	re annual report notific	ation)
For further information cor	ncerning this matter, please ca	all:		
MARTIN		at <u>\\</u>	7,252-	1245
Name of I	Person	Arèa L	Code Daytime T	clephone Number
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Fill Certified (additional)		©\$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

- HESTERSYL	
(Name of the Limited Liability Co	mpany as it now appears on our records.) ted Liability Company)
(A Florida Ullia	ted Englitry Company)
The Articles of Organization for this Limited Liability Comp	
Florida document number <u>L 1700007938</u>	8
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
7	
The new name must be distinguishable and contain the words *Limited L	liability Company," the designation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	
• • •	, <del>2</del> >0
(Principal office address MUST BE A STREET ADDRESS	
	JAN 2
	SSE
Enter new mailing address, if applicable:	
• • • • • • • • • • • • • • • • • • • •	<b>-</b>
(Mailing address MAY BE A POST OFFICE BOX)	
	us Om
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new</u> here:
Name of New Registered Agent:	
New Registered Office Address: 260	N INDUSTRIAL DR # 740152  Enter Floridu street address
OR A	NOE CHY Florida 32774  City Zip Cook
New Registered Agent's Signature, if changing Registered Age	<u>ent:</u>
provisions of all statutes relative to the proper and comple	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address, I hereby confirm that the limited liability

lf amend or remov	ing Authorized Person(s) authorize ed from our records:	d to manage, <u>enter</u>	the title, name, and address of each person being added
MGR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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