

L17000129738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

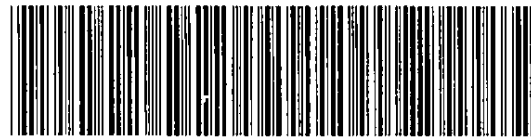
(Document Number)

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06/19/17--01024--012 \*\*\$5.00

FILED  
2017 JUN 22 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

JUN 23 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 20, 2017

INTERNATIONAL BUSINESS ORGANIZATION, LLC  
DR. JUERGEN HARTWICH  
1110 SW 28TH ST.  
CAPE CORAL, FL 33914

SUBJECT: BBEST FLORIDA CONSULTING LLC  
Ref. Number: L17000129738

We have received your document for BBEST FLORIDA CONSULTING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 017A00012508

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BBest Florida Consulting LLC / L17000129738  
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:

Juergen Hartwich  
Name of Person

International Business Organization LLC  
Firm/Company

110 SW 28th Street  
Address

Cape Coral, FL 33914  
City/State and Zip Code

jhartwich@hotmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Juergen Hartwich at (239) 573-9601  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee  
35.00 already  
charged

☐ \$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 Best Florida Consulting LLC / L1700012973E  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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2017 JUN 22 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/14/2017 and assigned  
Florida document number L1700012973E.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Best Florida Consulting LLC  
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)

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

\_\_\_\_\_, Florida \_\_\_\_\_

City

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

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>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
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|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |

FILED  
2017 JUN 22 PM 3:45  
Type of Action  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2017 JUN 22 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 06/22/2017

Signature of a member or authorized representative of a member

Hartwich

Typed or printed name of signee