## 47000199771

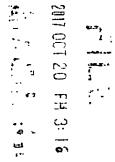
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CCT 23 2017 J. HARRIS

## **COVER LETTER**

Divi	ision of Cor	•			
SUBJECT:	BEST INT				
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		SAUL VELEZ			
		·	Name of Person  SSULTANTS SERVICES INC  Firm/Company  ST STE 318  Address  FL 34741  City/State and Zip Code  EENSOFTHEWORLD@GMAIL.COM ail address: (to be used for future annual report notification)  er, please call:  at (407  ) 8461040		
		B AND P CONSULTANT	S SERVICES INC		
	<del></del>				
3501 W VINE ST STE 318					
		Address			
		KISSIMMEE FL 34741			
			-		
			•	ification)	
For further in	dormation e	oncerning this matter, please c			
SAUL VELI	ΞZ				
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iiing Fee	□ \$30,00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
	Registr	ING ADDRESS: ation Section n of Corporations	Registration Section	on	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEST INTERNATIONAL QUEENS OF T		
(Name of the Limited Linb (A Flor	ility Company as it now appears on our records, da Limited Liability Company)	)
The Articles of Organization for this Limited Liability	Company were filed on 09/26/2017	and assigned
Florida document number L17000199771	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
		E 26
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
		7 0
(Principal office address MUST BE A STREET ADL	<u>ORESS)</u>	7
		$\phi = \phi$
Enter new mailing address, if applicable:		*** **********************************
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or reg	,	enter the name of the new
registered agent and/or the new registered office ad	ldress here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	Ernet 1 tortuit street titutess	
<del></del>	Flor	
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Dianette Gonzalez Corraliza	422 S. ALAFAYA TRL SUITE 22	
		ORLANDO FL 32828	_ □ Remove
			☐ Change
		<del></del>	D Add
			☐ Remove
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	<del> </del>		
		<del></del>	□ Remove
			Change

	f amending any other information, enter change(s) here: (Attach additional sheets, if nece.	•		
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	THANETH GONZALEZ CORRALIZA	٠, ٩	O)	
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Filing Fee: \$25.00