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COVER LETTER

TO:	Registration S Division of Co			
C11D 1	Best Home	egoods, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please	ereturn all corresp	ondence concerning this matter	to the following:	
			Name of Person	
		Law Help Florida		
			Firm/Company	
		615 NE 3rd Avenue		
			Address	
		Fort Lauderdale, FL 33304	l.	
			City/State and Zip Code	
		eric@lawhelpflorida.com E-mail address: (to be used for future annual report notifi	ication)
For fu	orther information	concerning this matter, please ca	·	
Eric R	Rayman, Esq.		954 336-5550 at ()	
	Name	of Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for	the following amount:		
\$2	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)
	Regist Divisi	JNG ADDRESS: tration Section on of Corporations Box 6327	STREET/COURIF Registration Section Division of Corpora Clifton Building	า

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Co</u> (A Florida Lim	unpany as it now appears on ou ited Liability Company)	r records.}
The Articles of Organization for this Limited Liability Comp Florida document number L17000204444	oany were filed on 10/3/2017	and assigned
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 I	iability Company," the designation	on "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)		
registered agent and/or the new registered office address Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
	Enter Florida stree	et address
		Florida Zip Code
		Zip Code
New Registered Agent's Signature, if changing Registered Agent and I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this capaci lete performance of my du as provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this doctonent is
Īſ	Changing Registered Agent, <u>Sig</u>	nature of New Registered Agent.
p.,	we Lof 3	1. 32 ATE DRID!

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>	Address	Type of Action
MGR	Melissa Rayman	615 NE 3rd Avenue	■ Add
		Fort Lauderdale, FL 33304	□ Remove
			Change
			Remove
			Change
			□ Remove
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