

L170002291641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

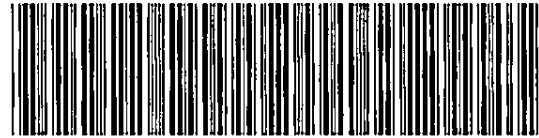
(Business Entity Name)

(Document Number)

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DEC -6 AM 8:49

DEC 07 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 22, 2017

JOHNNY MATTHEW  
1399 NORTH WEST 17TH AVE STE 308  
MIAMI, FL 33125

SUBJECT: BEST PARKING LLC  
Ref. Number: L17000229649

2017 DEC -6 AM 11:01  
TALLAHASSEE, FLORIDA

We have received your document for BEST PARKING 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).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 317A00023748

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BEST PARKING, 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:

JOHNNY MATHEW

Name of Person

MATTHEW & ASSOCIATES

Firm/Company

1399 NW 17TH AVE SUITE 308

Address

MIAMI FLORIDA 33125

City/State and Zip Code

tenares@inbox.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Johnny Matthew

786

488 4881157

at ( )

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**

BEST PARKING 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 NOV 06 2017 and assigned  
Florida document number L 1700229649.

This amendment is submitted to amend the following:

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

NA

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:**

SAME

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

SAME

(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:

SAME

New Registered Office Address:

N/A

*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>                      |
|--------------|--------------------|------------------------------------|--|
| MGR =        | EDUARDO FERNANDEZ  | 12873 SW 64 TH LANE MIAMI FL 33183 | <input checked="" type="checkbox"/> Add    |
|              |                    |                                    | <input type="checkbox"/> Remove            |
|              |                    |                                    | <input type="checkbox"/> Change            |
| AMBR         | RAMON LEONEL PEREZ | 12873 SW 64TH LANE MIAMI FI 33183  | <input checked="" type="checkbox"/> Add    |
|              |                    | LEONEL PEREZ                       | <input checked="" type="checkbox"/> Remove |
|              |                    | 12873 SW 64TH LANE MIAMI FI 33183  | <input type="checkbox"/> Change            |
|              |                    |                                    | <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"/> Change            |

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AUG 8:49

**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 12-14-2017

Signature of a member or authorized representative of a member

EDUARDO FERRANDEZ  
Typed or printed name of signee