

L17000229649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

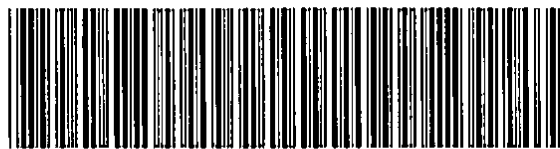
(Business Entity Name)

(Document Number)

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DATE 10/16/18 BY 60322/UC/LDA

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:

EDUARDO FERNANDEZ

Name of Person

Firm Company

12873 SW 64TH LANE

Address

MIAMI, FLORIDA 33183

City/State and Zip Code

EDUARDOMALLEN@GMAIL.COM

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

For further information concerning this matter, please call:

EDUARDO FERNANDEZ

at (618) 858-7449

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 11/06/2017 and assigned
Florida document number L17000229649.

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 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)

12873 SW 64TH LANE

MIAMI, FLORIDA 33183

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:

12873 SW 64TH LANE

Enter Florida street address

MIAMI

City

Florida 33183

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>
AMBR / MGR	EDUARDO FERNANDEZ	12873 SW 64 LN	<input type="checkbox"/> Add
		MIAMI, FL 33133	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	PEREZ RAMON LEONEL	12873 SW 64 LN	<input type="checkbox"/> Add
		MIAMI, FL 33133	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MSR	CABRERA, ISHA	12873 SW 64 LN	<input type="checkbox"/> Add
		MIAMI, FL 33133	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	SANTOS DE LA CRUZ, JENNY	12873 SW 64 LN	<input type="checkbox"/> Add
		MIAMI, FL 33133	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	MELLA, MAGALYS	14387 SW 45 TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33175	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PEREZ, LEONEL	12873 SW 64 TH LANE	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33183	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

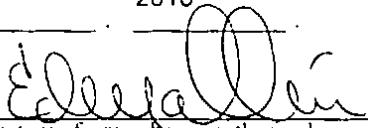
Add FEIN 82-3320151

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2. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
a) The 90th day after the record is filed.

Dated SEPTEMBER 17 2018


Signature of a member or authorized representative of a member

EDUARDO FERNANDEZ
Typed or printed name of signer