L1800000/007

(Re	equestor's Name)			
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Amend

04/19/18--01001--005 **25.00

SECRETARY OF STATES OF STATES

N. CAUSSEAUX APR 1 7 2018

COVER LETTER

TÓ:	Registration Section Division of Corporations	
SUBJE	ECT: BEST Bombshell Expxy SEAL Name of Limited Liability Company	TEAM LLC
	IN 82-3885176 closed Articles of Amendment and fee(s) are submitted for filing.	* ~
Please	return all correspondence concerning this matter to the following:	
	Misty Ballard	

BEST BORNSHULE EXCLUSEAL TEAM UC Firm/Company

10 Silk Bould Swite 124

Address

Sarta Rosa Black FL 32459

Station of Person

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

For further information concerning this matter, please call:

Name of Person at 850 491-9918

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
Libration of Corporations
Pal Box 6327
Libration Section

STREET/COURIER ADDRESS:

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2018

MISTY BALLARD BEST BOMBSHELL EXPOXY SEAL TEAM, LLC 10 SILK BAY DRIVE, SUITE 124 SANTA ROSA BEACH, FL 32459

SUBJECT: B.E.S.T. BOMBSHELL EPOXY SEAL TEAM, LLC

Ref. Number: L18000001007

We have received your document for B.E.S.T. BOMBSHELL EPOXY SEAL TEAM, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 118A00006943

ARTICLES OF AMENDMENT TO

j	ro 🥞 _
ARTICLES OF	ORGANIZATION \sim
	OF SAME
BEST Bumbshell & (Name of the Limited Liability Comp.) (A Florida Limited)	DOXY SEALTEAM & LESS COMPANY COMPANY)
The Articles of Organization for this Limited Liability Compan	y were filed on 1/2/18 and assigned
Florida document number L1800000100	57
This amendment is submitted to amend the following: The About Hours I was A. If amending name, enter the new name of the limited lia	managing manhan.
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10 Silk Bay Dr Suite 124
(Principal office address MUST BE A STREET ADDRESS)	Santa KOSCA Bleash, FC
	32437
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10 Silk Bay Dr Suite 124 Sonta Rosa Brack, FL 32459
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent:	Sty Ballard (misspelled)
New Registered Office Address:	Enter Florida street address
Sonta P	OS Black, Florida 32459 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 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>	Name	Address ILBOUDAS De 124	Type of Action
MGR	Misty Balland	Address 10 Silk Bay Dr Sute 124 Souta Rusa Black, PL32459	bAdd
	t		☐ Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Principal address	
Mailing address	
Anthorned to made	
1051 0000 50011000	
- CUST HAIR SPANING	
	Sign
APR #	C.Z.
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·	300
	-
E. 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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	
document's effective date on the Department of State's records.	12 m¢
	_
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filed.	of:
Dated 4/2/19	
\overline{R}	
Signature of a member or authorized representative of a member	
mish Ralland	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00