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(Requestor's Name)	
(ricquester o riame)	
(Address)	
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(Document Number)	
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A. RIVERS DEC 27 2022



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COVER LETTER

TO:

	egistration Se ivision of Cor		·	,
cub ie <i>c</i> w		V MANAGEMENT LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		KAHFOO NGEI		
			Name of Person	
			Firm/Company	
		4611 S US HIGHWAY 1		
		FORT PIERCE FL 34982	Address	
		100011000110001	City/State and Zip Code	·
			to be used for future annual report notifi	ication)
For further	information of	oncerning this matter, please c		
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	s a check for th	ne 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)
	failing Address egistration S		Street Address: Registration Sec	tion
	ivision of C		Division of Corp	
	O. Box 632		The Centre of Ta	
T	allahassee, I	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BESTSERV MANAGEMENT LLC				
(<u>Name of the Limite</u> (d Liability Compa A Florida Limited L	ny as it now appears on our recor- liability Company)	<u>ls.</u>)	
The Articles of Organization for this Limited Lia Florida document number L18000002360 This amendment is submitted to amend the follow. A. If amending name, enter the new name of	wing:		and assigned	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applica	ble:	4611 S US HIGHWAY 1 #38		
(Principal office address MUST BE A STREET		FORT PIERCE FL 34982		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office a	4611 S US HIGHWAY 1 #38 FORT PIERCE FL 34982 address on our records, enter		 stered
Name of New Registered Agent:	NGEI, KAHFO	0	270	
New Registered Office Address:	ACLL & US HIGHWAY 1 #19			
	FORT PIERCE	, F	lorida 34982 1	
New Registered Agent's Signature, if changing R	egistered Agent:	City	Sip Code	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has bearth which we will be a company has been notified in writing the	r and complete tered agent as p egistered office	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document	ı

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>	Address	Type of Action
MGR	BOYÐ, RAJIMER	162 SW GRIMALDO TER	
		PORT ST LUCIE FL 34984	■Remove
			□Add
			□Remove
			Change
		DAdd	
		□Remove	
	 		
		□Remove	
		□ Change	
		□Add	
		□Remove	
		☐ Change	
			\Add
			□Remove
			□Change

OF	THIS ENITITY. CHANGES WERE MADE TO THE ENTITY WITHOUT THE PRINCIPAL OWNERS
PE	RMISSION OR KNOWLEDGE.
	<u> </u>
-	
If an effecti Note: If	date, if other than the date of filing:
rd is filed	
Dated	10/3/22

Filing Fee: \$25.00