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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

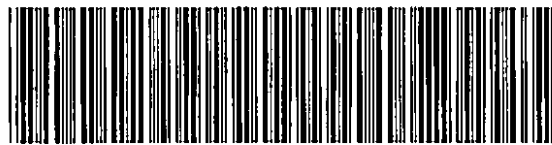
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS

APR 13 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BEST BEHAVIOR RESULTS 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:

MILDREY GUTIERREZ MACHADO

Name of Person

Firm/Company

7900 TATUM WATERWAY DR APT.504

Address

MIAMI BEACH, FL 33141

City/State and Zip Code

gutierrezmildrey@gmail.com

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

For further information concerning this matter, please call:

MILDREY GUTIERREZ MACHADO

786 2854534
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

Page 1 of 3

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 | MILDREY GUTIERREZ MACHADO | 7900 TATUM WATERWAY DR | <input type="checkbox"/> Add |
| | | APT 504 | <input type="checkbox"/> Remove |
| | | MIAMI BEACH, FL 33141 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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(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.

Dated 4/5/2018

Signature of a member or authorized representative of a member

MILDREY GUTIERREZ MACHADO

Typed or printed name of signee