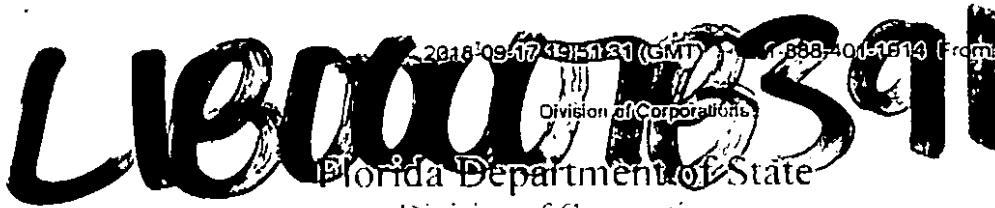


9/17/2018



2018-09-17 11:11:21 (GMT) 1-888-401-1914 (From: Silvas Financial Services, LLC)  
 Division of Corporations  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H18000271114 3))



H180002711143ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.  
 Account Number : 120020000100  
 Phone : (305)944-9755  
 Fax Number : (888)401-1914

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 BEST ROAD LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

9/19/18 DS

(((H18000271114 3)))

**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: BEST ROAD 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:

SERGIO CENTO DOCATO

\_\_\_\_\_  
Name of Person

SILVAS FINANCIAL SERVICES, LLC

\_\_\_\_\_  
Firm/Company

5220 S UNIVERSITY DRIVE, SUITE C-102

\_\_\_\_\_  
Address

DAVIE, FL 33328

\_\_\_\_\_  
City/State and Zip Code

ACCOUNTING2@SILVASBOX.COM

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

For further information concerning this matter, please call:

SERGIO CENTO DOCATO

305 944-9755

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

(((H18000271114 3)))

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEST ROAD 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 04/19/2018 and assigned Florida document number L18000078391.

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)

5220 S UNIVERSITY DRIVE

SUITE C-102

DAVIE FL 33328

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5220 S UNIVERSITY DRIVE

SUITE C-102

DAVIE FL 33328

**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:

N/A

New Registered Office Address:

*Enter Florida street address*

*City*, Florida

*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

(((H18000271114 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	GO AHEAD LLC	200 CONTINENTAL DRIVE SUITE 401	<input type="checkbox"/> Add
		NEWARK, DE 19713	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RIVERA, GASTON	401 NE MIZNER BLVD SUITE 504	<input type="checkbox"/> Add
		BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SOLER PRIETO, NATALIA	5220 S UNIVERSITY DRIVE	<input checked="" type="checkbox"/> Add
		SUITE C-102	<input type="checkbox"/> Remove
		DAVIE FL 33328	<input type="checkbox"/> Change
MGR	DOCATO GOMEZ, SERGIO CENTO	5220 S UNIVERSITY DRIVE	<input checked="" type="checkbox"/> Add
		SUITE C-102	<input type="checkbox"/> Remove
		DAVIE FL 33328	<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

(((H18000271114 3)))

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

N/A

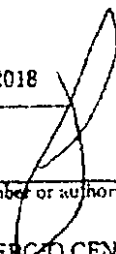
**E. Effective date, if other than the date of filing: N/A (optional)**

(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:

(b) The 90th day after the record is filed.

Dated SEPTEMBER 17, 2018  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

SERGIO CENTO DOCATO

\_\_\_\_\_  
Typed or printed name of signer