## L18000237427

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## **COVER LETTER**

	gistration Sect vision of Corpo					
SUBJECT:	Best I	and Holding Company, LLC				
SOBJECT.	·					
The enclose	ed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please retur	n all correspond	lence concerning this matter	to the following:			
		Adam Best				
			Name of Person		<del> </del>	
		Best Land Holding Compa	any, LLC			
		6527 Everingham Lane	Firm/Company			
		Sanford, FL 32771	Address			
		adambest@gmail.com	City/State and Zip Code	:		
		E-mail address: (	to be used for future annua	l report notification)	<del></del>	C'A
For further i Adam Best	nformation con-	cerning this matter, please c	661 3	12-3515	7021 1	<i>(</i> )
	Name of Pe	erson	at () Area Code	Daytime Teleph	one Number	
Enclosed is a	a check for the i	following amount:			. >	5
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S60.00 Filing Fee, Some Certificate of Status Certified Copy (additional copy is enclosed)			
<u>Ma</u>	iling Address:		Street A	ddress:		

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassec, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Best Land Holding Company, LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number118000237427	mpany were filed on and assigned
his amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limite</u> N/A	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	N/A
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:  N/A	office address on our records, enter the name of the new register
N/A	1
New Registered Office Address:	Enter Florida street address , Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	l 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>	<u>Name</u>	<u>Address</u>	Type of Action
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		Sanford, FL 32771	
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record sp is filed.		yed effective o	late, but not a	in effective t	ime, at 12:01 a	.m. on the c	arlier of: (b)	The 90	ih day afte	r the
ated	April	28th		<u>2021</u>						
	NO	14 S	gnature of a m	nember or auth	norized represent	ative of a me	mber			
		5	0		•					

Filing Fee: \$25.00