

LI 800025690

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.

((T19000113378 3)))



H190001133783ABC0

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 : EAGLE TAX REPRESENTATION, CORP.
Account Number : I20070000037
Phone : (954)532-3842
Fax Number : (954)532-3847

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

Email Address: flinfo@a-eagle-tax.com

2019 APR -5 AM 9:39
SECRETARY OF STATE
FAX AUDIT REPORT

APPROVED
AND
FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BEST PRICE KITCHENS USA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2019 APR -5 PM 2:07

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BEST PRICE KITCHENS USA 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:

ISAIAS SILVA

Name of Person

EAGLE TAX REPRESENTATION CORP

Firm/Company

5493 WILES ROAD SUITE 105

Address

COCONUT CREEK, FL 33073

City/State and Zip Code

PAULO@EAGLE-TAX.COM

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

For further information concerning this matter, please call:

PAULO OLIVEIRA

954

532-3842

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

2019 APR - 5 AM 9:39

APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEST PRICE KITCHENS USA 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 FLORIDA and assigned Florida document number L18000255690.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

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

Title	Name	Address	Type of Action
MGR	FRANZIN, ALESSANDRO	2500 N POWERLINE ROAD SUITE 2 POMPANO BEACH, FL 33069	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MEMB	FRANZIN, ALESSANDRO	2500 N POWERLINE ROAD SUITE 2 POMPANO BEACH, FL 33069	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SILVA, ISAIAS	2500 N POWERLINE ROAD SUITE 2 POMPANO BEACH, FL 33069	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

APPROVED
AND
FILED
2019 APR 5 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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 605.02(7)(c)(3)

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 April 03 - 2019 FL



Signature of a member or authorized representative of a member

SILVA, ISAIAS

Typed or printed name of signer