48000277050

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corp	oorations.		
subject: <u>Best</u>	Pusivess Name of Limi	Constraction L	1.C
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Tueshnare	Name of Person	
	Best Busin	ess Gustracti	ion LLC
	5214 NW 54	1th St Address	
		eek FL, 330 City/State and Zip Code	773
	1/2 n Kushna 1:-mail address: (1	TEV Q yakoo.	cation)
For further information co	ncerning this matter, please ca	ป1:	
Man Kulg Nume of	Shuarev	at (850) 31969 Area Code Daytime	5-63 Telephone Number
Enclosed is a check for th	e following amount:		
□ S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAHLING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



January 16, 2019

KUSHNAREV IVAN 5214 NW 54TH ST COCONUT CREEK, FL 33073

SUBJECT: BEST BUSINESS CONSTRACTION LLC

Ref. Number: L18000277050

We have received your document for BEST BUSINESS CONSTRACTION LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P00000070292-TILE WORLD CORPORATION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 019A00001299

Rebekah White Regulatory Specialist II

RECRETAR TO TAIL THE TAIL THE TAIL AND SEEL AND SEEL THE TAIL AND SEEL THE

www.sunbiz.org

ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION 20/9 JAN 31 PM 2: 17 **OF** SEDDE

Best Business Cous (Name of the Limited Liability Companies) (A Florida Limited	Straction LLCALL ASEE, FLE Inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1 18 000 27 7050.	were filed on November 30 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5214 NW 54th st Coconut Creek FL, 33073
Enter new mailing address, if applicable: (Mailing address MAY BE 4 POST OFFICE BOX)	5214 NW Syth St Coronal Creek, FL, 33073
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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:

AMBR = .	Mathorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			O Add
			□ Remove
			Change
			□ Remove
		_	Change
			Add
_			☐ Remove
			1
			☐ Change
			Add
			□ Remove
			Change
_			
			☐ Remove
			Change

f ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ffect	ive date, if other than the date of filing:
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
locum	nent's effective date on the Department of State's records.
e rec	cord specifies a delayed effective date, but not an effective time, at $12{:}01$ a.m. on the earlier of
The	90th day after the record is filed.
Dated	O(1/07/19
	1171 / -
	Signature of a member or authorized representative of a member
	regulating of transmotor of antitoused telucretative of a member
	Kushnarev luan
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00