

L18000277050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

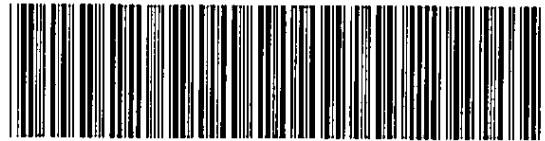
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/20/21--01012--017 \*\*25.00

**FILED**  
2021 NOV 12 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS  
NOV 19 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 1, 2021

KOLOSIO KONSTANTYN  
159 ESCAUABA AVE  
PANAMA CITY BCH, FL 32413

SUBJECT: BEST BUSINESS CONSTRUCTION LLC  
Ref. Number: L18000277050

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

The registered agent must sign accepting the designation.

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.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 221A00026500

*new form with corrections (signature of  
new agent) attached*

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Best Business Construction 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:

Kolosou Konstantyn  
Name of Person  
Best Business Construction LLC  
Firm/Company  
159 Escanaba Ave  
Address  
Panama City Beach, FL, 32413  
City, State and Zip Code  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liliana Kusharev at ( 850 ) 967 - 8067  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 filing fee | <input type="checkbox"/> \$30.00 filing fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 filing fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 filing fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6227  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2115 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Best Business Construction  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2021 NOV 12 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number \_\_\_\_\_.

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:

Kolosov, Kostiantyn

New Registered Office Address:

159 Escanaba ave

Enter Florida street address

Panama City Beach, Florida 32413

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Kushnarev, Ivan</u>	<u>159 Escanaba ave</u>	<input type="checkbox"/> Add
		<u>Panama City Beach, FL</u>	<input checked="" type="checkbox"/> Remove <sup>32415</sup>
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Kolosova, Liliia</u>	<u>159 Escanaba ave</u>	<input type="checkbox"/> Add
		<u>Panama city Beach, FL</u>	<input checked="" type="checkbox"/> Remove <sup>32415</sup>
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Kostiantyn Kolosov</u>	<u>159 Escanaba ave</u>	<input checked="" type="checkbox"/> Add
(DL included for reference)		<u>Panama City Beach, FL</u>	<input type="checkbox"/> Remove <sup>32415</sup>
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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 10/12/21, \_\_\_\_\_

W. H. H. H.  
Signature of a member or authorized representative of a member

Ivan Iushnarev  
Typed or printed name of signee

**Filing Fee: \$25.00**

Reid