L19000041937

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer.					





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COVER LETTER

	egistration Se ivision of Cor				
Best Homes Builder at Golden Gate, LLC SUBJECT: Name of Limited Liability Company					
Please retu	rn all correspo	ondence concerning this matter	to the following:		
		Mayrelis Prieto			
Nam			Name of Person		
Best Homes Builder at Golden Gate, LLC					
Firm/Company					
5030 S.W. 170 Avenue					
Address					
Southwest Ranches, Florida 33331					
City/State and Zip Code					
				ان د ۱۰ د د	
		E-mail address: (to be used for future annual report notifica	tion)	
For further	information c	oncerning this matter, please c	all:		
Mayrelis Prieto			786 247-7067	=====================================	
	Name o	f Person		clephone Number :	
Enclosed is	a check for th	ne following amount:			
≣ \$25.00	Filing Fee	S30.00 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:			Street Address:		
Registration Section			Registration Section Division of Corporations		
Division of Corporations P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe S	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Best Homes Builder at Golden Gate, 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 _02/11/2019 and assigned Florida document number L19000041937 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 New Registered Agent's Signature, if changing Registered Agent:

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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
			□Add
			□Remove
			Change
Manager	Mayrelis Prieto	5030 S.W. 170 Avenue	≣ Add
		Southwest Ranches, Fl. 33331	□Remove
			□ □ Add
			□Remove
			☐ Change
			Add
			Remove
			□Change
			□Add
			□Remove
			Change
			
			□Remove
			□ Cb

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) 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. Signature of a member or as dorized representative of a member Maria De Los Angeles Cruz Typed or printed name of signee

Filing Fee: \$25.00