

L190000052398

(Requestor's Name)

FROM: (PLEASE PRINT)

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(Business Entity Name)

(Document Number)

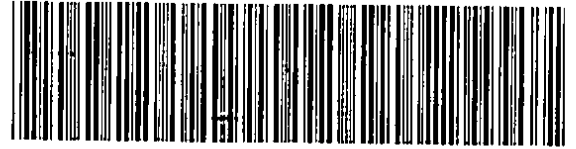
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2019 JUN 13 PM 1:20

Amend

JUN 13 2019
ALABAMA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Best Of Aventura, 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:

Dr. Jeanne Fils

Name of Person

Best of Aventura, LLC

Firm/Company

19555 E. COUNTRY CLUB DRIVE
8-105

Address

Aventura, FL 33180

City/State and Zip Code

jfils@live.com

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

For further information concerning this matter, please call:

Antoine Dumas, Esq.

754

800-5291

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

2019-07-15 09:11:35



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2019

DR. JEANNE FILS
BEST OF AVENTURA LLC
19555 E COUNTRY CLUB DRIVE 8-105
AVENTURA, FL 33180

SUBJECT: BEST OF AVENTURA, LLC
Ref. Number: L19000052398

We have received your document for BEST OF AVENTURA, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 519A00007359

RECEIVED

2019 JUN -5 AM 10:27

SPRINGFIELD
TALLAHASSEE, FL

SECRET
TALLAH. SEC. FILE

2019 MAY -2 PM 12:00

RECEIVED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Best of Aventura, 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 02/22/2019 and assigned
Florida document number L19000052398

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

City

Florida

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

2019 Jun-5 PM 1:30

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>
MGR	FRANTZ FRANCOIS	19555 E. COUNTRY CLUB DRIVE 8-105	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Adriana Djrdjrjan Jorge	19555 E. COUNTRY CLUB DRIVE 8-105	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

E. Effective date, if other than the date of filing: _____ (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.

(b) The 90th day after the record is filed.

Dated March 26, 2019


Signature of a member of a

Signature of a member or authorized representative of a member

Antoine Dumas, Esq. Atty-in-Fact
Typed or printed name of signer

Typed or printed name of signee