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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Sit) Satisfy Hono II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Buomboo Emily Numb)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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04/03/19--01019--015 **25.00

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COVER LETTER

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Gabriella Szabo		
		Name of Person	
	Best European Cleaning Se	ervice LLC	
		Firm/Company	
	940 Pipers Cay Drive		
		Address	
	West Palm Beach, Florida	33415	
	gabriellaszabo1128@gmail	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information o	oncerning this matter, please ca	ali:	
Gabriella Szabo		561 718-2167	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

Registration Section

Division of Corporations

· TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Best European Cleaning Service LLC			<u>.</u>
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on or nited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Comp.	pany were filed on 02/28/20	19	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 designat	tion "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>S)</u>	-	
		. •	223 -1
			GD 1
Enter new mailing address, if applicable:		<u> </u>	= 100
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registere	ed office address on our	records, enter the	name of the r
registered agent and/or the new registered office address	<u>s nere</u> :		
N. O. D. C. LA			
Name of New Registered Agent:		·	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida str	and addraw	
	Emer r tortaa sir		
	City	, Florida	tip Code
	•	2	ip code
New Registered Agent's Signature, if changing Registered A			
I hereby accept the appointment as registered agent and	Lagree to act in this capac	city. I further agree	o comply with

If Changing Registered Agent, Signature of New Registered Agent

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 emending 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>	Address	Type of Action
PRE	President	940 Pipers Cay Drive West Palm Beach, FL 33415	
			■ Remove
			Change
PRE	Gabriella Szabo	940 Pipers Cay Drive West Palm Beach, FL 33415	B Add
			Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			□ Add
			Remove
			Change

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E. Effective date, if other	r than the date of filing: (optional) the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
Note: If the date inserte	ed in this block does not meet the applicable statutory filing requirements, this date will not be listed a
document's effective da	ate on the Department of State's records.
e.,	
f the record specifies (b) The 90th day afte	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier or or the record is filed.
•	
Dated April 2	2019
	foregoes.
	Signature of a member or authorized representative of a member
Gabriella Sza	abo
	Typed or printed name of signee

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Filing Fee: \$25.00