## L19000006402

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## **COVER LETTER**

TO: Registration 9 Division of Co					
FASHION SUBJECT:	N A&K LLC				
SUBJECT:	Name of Lin	nited Liability Company			
			19 MGV		
The enclosed Articles o	TAmendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	GELSIS PEREZ				
		Name of Person			
	FASHION A&K LLC				
	FirmCompany				
	8664 SW 3RD ST, APT 2	0.3			
		Address	<u></u> .		
	PEMBROKE PINES, FL	33205			
	CUSTOMERSERVICE@0	City/State and Zip Code GOLDENBESTSALES.COM			
	E-mail address; (	to be used for future annual report no	tilication)		
For further information	concerning this matter, please c	all:			
GELSIS PEREZ 305 401-9247					
Name	of Person	at () Area Code Dayti	me 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 radditional copy is enclosed)		
Regisi Divisi P.O. I	JNG ADDRESS; tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COUP Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Tenter Circle		

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

FASHION A&K LLC

(Name of the Limited Liability Company as it now appears on our records )

(A Flor	ida Limited Liability Company	(Y)	
The Articles of Organization for this Limited Liability	Company were filed on	10/29/2019	and assign do
Florida document number FASHION A&K LLC	·		9
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company	here:	
GOLDEN BEST SALES LLC			
The new name must be distinguishable and contain the words "L	imited Liability Company," th	e designation "LLC" or the a	abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	-		
(Principal office address MUST BE A STREET ADI	ORESS)	<u> </u>	
Enter new mailing address, if applicable:	·		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)			
			-
B. If amending the registered agent and/or reg	istered office address	on our records, <u>enter</u>	the name of the new
registered agent and/or the new registered office ad	dress nere:		
Name of New Registered Agent:			
Name of New Negistered Agent.			
New Registered Office Address:		lorida street address	
	emer r	torida street address	
	City	Florida _	Zip Code
New Registered Agent's Signature if changing Register	•		zip Code

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>	Address	Type of Action
MGR	ELIO ISAAC LICEA		
		8664 SW 3RD ST APT 203 PEMBROKE PINES FL. 33025	Remove
			Change
			Add
			Remove
		<u> </u>	Change
			Add
		□ Remove	
			Change
			Add
		□ Remove	
			□ Change
			Add
			Remove
			□ Change
			Remove
			☐ Change

Typed or printed name of signee

GELSIS PEREZ, MANAGER

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Filing Fee: \$25.00