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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Flo	rida Best Point Name of Lim	ACY CACE SECTICES ited Liability Company	llc
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Enl	Name of Person	
		Firm/Company	
	[0 28	Address	
	well,	City/State and Zip Code	
		to be used for future annual report notif	leation)
Grily.	concerning this matter, please can be called a second seco	all: at (<u>454</u>) <u>465 -</u> Area Code Daytime	O SO Telephone Number
Enclosed is a check for t	he 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:

TO:

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

(Name of the Limited Liability Compan (A Florida Limited L.	ce Secvices (la Proposition of the seconds)
	iability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{5/13/19}{\text{and assigned}}$
Florida document number <u>L19000138387</u> .	and assigned
riorida document number Ut 1000 103 200	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	301 SE 1st street
(Principal office address MUST BE A STREET ADDRESS)	Belle Glade, Fl 33430
Enter new mailing address, if applicable:	P.O. BOX 540477
(Mailing address MAY BE A POST OFFICE BOX)	GERRACIES F1 33454
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			Change
			□ Add
			☐ Remove
		-	Change
			□ Add
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			Remove
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Note: 11	e date, if other than the date of filing:
The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 00th day after the record is filed.
Dated _	Signature of a member or authorized representative of a member
	h
	Signature of a member or authorized representative of a member
	Emlyn louis Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00