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2019 OCT -8 AM ID: 38
SECRETARY OF STATE

Y SULKER 0CT 2.8 2019

COVER LETTER

SUBJECT:	BEST MEATS LL	С			
	Name of Lin	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
		Name of Person			
		BEST MEATS LLC			
Firm/Company					
		P O BOX 906			
		Address			
		WILDWOOD FL 34785			
		City/State and Zip Code			
	E-mail address: (to be used for future annual report noti	fication)		
For further information	n concerning this matter, please e	all:			
Name	e of Person	at ()	e Telephone Number		
Enclosed is a check for	r 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:

TO:

Registration Section Division of Corporations

> 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 MI	EATS LLC		
(<u>Name of the Lim</u>	ited Liability Comp (A Florida Limited	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited I		y were filed on	05/14/2019	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lia	bility company he	ere:	
The new name must be distinguishable and contain the Enter new principal offices address, if appli		ility Company," the d	esignation "LLC" or the a	abbreviation "L.L.C."
(Principal office address MUST BE A STRE	ET ADDRESS)	 		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P O BOX 906 WILDWOOD F	1 34785	77.5
				P P P
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter	
Name of New Registered Agent:	Registered Ag	ents Inc.		FLORIDATE FLORIDA
New Registered Office Address:	7901 4th St N.		ida street address	
	St. Petersburg	Tauer 1 HA	, Florida	33702
		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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	VERAINA ENTERPRISE LLC	P O BOX 471364 LAKE MONROE, FL 32747	
			■ Remove
	ONTAING HOLDINGS LLG		Change
MGR	ONTARIO HOLDINGS LLC	P O BOX 906 WILDWOOD FL 34785	Add
			Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
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			Change

					
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'ffactive	date, if other than the date	of filing:		(optional)	
fan effectiv <u>Note:</u> If tl	we date is listed, the date must be sphe date inserted in this block d's effective date on the Department	secific and cannot be pricoes not meet the appli	icable statutory filing red	ian 90 days after filing.) Pursuai	
	d specifies a delayed effe oth day after the record i		ot an effective time	, at 12:01 a.m. on the	earlier of:
Dated	27-SEPTEMBER	. 2019	·		
		Cuzie	Tomas		
		ture of a member or aut	1071100		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00