L9000 217924

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
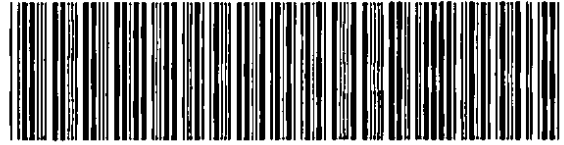(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 25 2020

COVER LETTER

TO: **Registration Section**
        Division of Corporations

THE BEST LEADER RESTARATION LLC
SUBJECT: _____
                        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:

JAIME MEDINA-MARRERO
_____
                        Name of Person

THE BEST LEADER RESTARATION LLC
_____
                        Firm/Company

3134 LEON RD SUITE #1
_____
                        Address

JACKSONVILLE FL 32246
_____
                    City/State and Zip Code

111tax333@gmail.com
_____
        E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAIME MEDINA-MARRERO   904   742-8845
_____   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 &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                           Certificate of Status   Certified Copy   Certificate of Status &
                                                        (additional copy is enclosed)   Certified Copy
                                                                                   (additional copy is enclosed)

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                              Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

THE BEST LEADER RESTARATION 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 <u>08-26-2019</u> and assigned

Florida document number <u>L19000217924</u> .

This amendment is submitted to amend the following.

A. If amending name, **enter the new name of the limited liability company here:**

THE BEST LEATHER RESTORATION LLC
_____
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)

3134 LEON RD

SUITE #1

JACKSONVILLE FL 32246

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3134 LEON RD

SUITE #1

JACKSONVILLE FL 32246

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: JAIME MEDINA-MARRERO

New Registered Office Address: 3134 LEON RD SUITE #1
_____
                                Enter Florida street address

JACKSONVILLE   , **Florida** 32246
_____
           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 'iability company has been notified in writing of this change.

_____
If Changing Registered Agent, **Signature of New Registered Agent**

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR =   Manager
AMBR =   Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JAIME MEDINA-MARRERO	3134 LEON RD SUITE#1 JACKSONVILLE FL 3224(	☐Add
			☐Remove
			■Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please change my company address, business mailing address and personal address to 3134 LEON RD

SUITE#1 JACKSONVILLE FL 32246 and please add my EIN number as follows 84-3127456
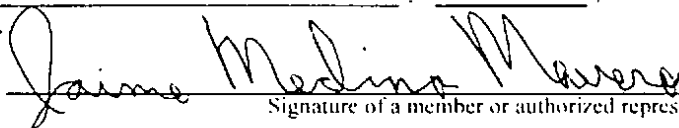
FILED

19 DEC 23 AM 8:19

E. Effective date, if other than the date of filing: 11-26-2019 _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated NOVEMBER 26, 2019

_____
Signature of a member or authorized representative of a member

JAIME MEDINA-MARRERO
_____
Typed or printed name of signee

Filing Fee: $25.00