

L1900022520

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : PADRON AND ASSOCIATES INC.
Account Number : 120060000156
Phone : (305)818-0404
Fax Number : (305)818-0898

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BEST OF ME HOUSE CALLS LLC

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OCT - 11 2019

2019 OCT -8 PM 1:10

19-OCT-8 PM 1:10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEST OF ME HOUSE CALLS LLC

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:

MARIA MEDEROS

Name of Person

Firm/Company

2097 WEST 76th Street

Address

Hialeah, Florida 33016

City/State and Zip Code

mamederos14@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Mederos

305

333-2975

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 &
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:
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

19 OCT -8 PH

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BEST OF ME HOUSE CALLS 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 09/05/2019 and assigned
Florida document number L19000225207.

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

Maria Mederos

New Registered Office Address:

2097 West 76th Street

Enter Florida street address

Hialeah

City

Florida 33016

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 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 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
AMBR	Xavier Martinez	2097 West 76th Street	<input type="checkbox"/> Add
		Hialeah, FL 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Marin Mederos	2097 West 76th Street	<input type="checkbox"/> Add
		Hialeah, FL 33016	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Rudolph Eberwein	2097 West 76th Street	<input type="checkbox"/> Add
		Hialeah, FL 33016	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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

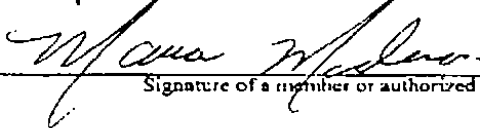
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207

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

10/07/2019



Signature of a member or authorized representative of a member

MARIA Mederos

Typed or printed name of signee