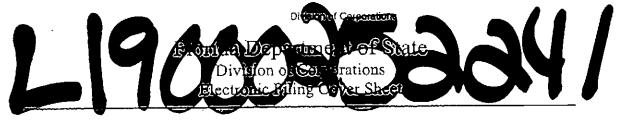
10/25/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000316408 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994

; (305)444-4977 Fax Number

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

F 2 1	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NELY BEST CONSULTING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

OCT 2 8 2013

Chi

ARTICLES OF AMENDMENT ₹ TO .\$

ARTICLES	OF ORGANIZATION E
	وي الله الله الله الله الله الله الله الل
51 %	•
NELY BEST CONSULTING LLC	29H OCT 25 A U: 59
(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/08/2019 Alf A 21L F Conto A and assigned
Florida document number L19000252241	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the aboreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	(ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, enter the name of the new ress here:
Name of Name Designated Agents	
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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	YANELYS GARCIA	21741 SW 98TH PL	
	_	CUTLER BAY, FL 33190	Remove
			Change
			☐ Add
			Remove
			☐ Change
			D Add
			Remove
		· ·	☐ Change
			Add
			El Remove
			Change
			□ Add
			Remove
			□ Change
			Add
			Remove
			□ Change

			, <u>, , , , , , , , , , , , , , , , , , </u>		
					<u></u>
					
				 	
			 ~		
			•		
					
					
			· <u> </u>		
				-	
Effective date, if oth fan effective date is liste Note: If the date inserdocument's effective of	ted in this block doe	es not meet the appi	icable statutory ma	(option: nore than 90 days after file ag requirements, this day	al) ng.) Pursuant to 605.0207 ate will not be listed as
ne record specifie The 90th day af	; a delayed effec er the record is	ctive date, but r filed.	not an effective	tlme, at 12:01 a.r	n, on the earlier o
		2019			
10/24		,	 ,		
Dated		\bigcirc			
Dated 10/24	20_	2_	zed representative of a		