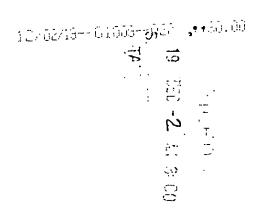
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(R	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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O SIMMONS JAN - 9 2020

COVER LETTER

TO:	Registration Sec Division of Corp			
478188 2774	Best Chance			
SUBJE	ut:	Name of Limi	ted Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are subt	nitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Howe D. Whitman, Manag	ger	
			Name of Person	
			Firm/Company	<u> </u>
		3067 Grasslands Drive		
			Address	 _
		Lakeland, FL 33803		
		v@heritage-equities.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For furt	her information c	oncerning this matter, please ca	all:	
Vincen	t Merkle		863 667-0100 at ()	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for the	he following amount:		
□ \$2 <i>5</i>	5,00 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)
		ING ADDRESS: ration Section	STREET/COURI Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 Company as it now ap	pears on our records.)
(A Florida Limited Liability Compar	(v)
he Articles of Organization for this Limited Liability Company were filed on	November 8, 2019 and assigned
lorida document number <u>L 19000279668</u> .	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company	y here:
Best Chance Ventures, LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abbreviaும் "L.L. C.
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
nter new mailing address, if applicable:	् रु
• • • • • • • • • • • • • • • • • • • •	
	. 03
Mailing address MAY BE A POST OFFICE BOX)	. (2)
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address	. (2)
	. (2)
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here:	. (2)
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here: Name of New Registered Agent:	. (2)
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	. (2)
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	on our records, enter the name of the
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	on our records, <u>enter the name of th</u>

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
			□ Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			□ Change
			چې چې مهم ا <u>ن</u>
			□ Remove
			☐ Remove
			Change
			∩ Add
			☐ Remove
			☐ Change

	<u></u>
	<u> </u>
	. 5.5
	(-")
ffective date, if other than the date of filing: 'an effective date is listed, the date must be specific and cannot be prior to date of filing or more total. If the date inserted in this block does not meet the applicable statutory filing rocument's effective date on the Department of State's records.	(optional) e than 90 days after filing.) Pursuant to 605.02 requirements, this date will not be listed :
e record specifies a delayed effective date, but not an effective tim The 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier
ated $\frac{\text{November } 26}{2019}$.	

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Filing Fee: \$25.00