

L200000 75184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

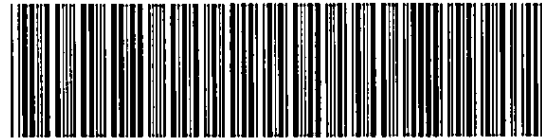
(Business Entity Name)

(Document Number)

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COMMONS  
APR 10 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: L AND D BEST SOLUTIONS SERVICES 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:

JORGE LEON RAMIREZ

Name of Person

L AND D BEST SOLUTIONS SERVICES LLC

Firm/Company

1171 SUMMIT PLACE CIR APT D

Address

WEST PALM BEACH, FL 33415

City/State and Zip Code

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

For further information concerning this matter, please call:

JORGE LEON RAMIREZ

561 543-1617  
at ( )  
Area Code Daytime Telephone Number

Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

L AND D BEST SOLUTIONS SERVICES 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 03/06/2020 and assigned  
Florida document number L20000075184.

This amendment is submitted to amend the following:

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

L AND D BEST SOLUTIONS SERVICES 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)**

1171 SUMMIT PLACE CIR APT D

WEST PALM BEACH, FL 33415

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 new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

JORGE LEON RAMIREZ

New Registered Office Address:

1171 SUMMIT PLACE CIR APT D

*Enter Florida street address*

WEST PALM BEACH

*City*

Florida 33415

*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**

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JORGE LEONRAMIREZ	1171 SUMMIT PLACE CIR APD D	<input type="checkbox"/> Add
		WEST PALM BEACH	<input type="checkbox"/> Remove
		FL. 33415	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

I ONLY FIXING MANAGER LAST NAME FROM RAMIRES TO RAMIREZ.

THE MANAGER FULL NAME SHOULD BE JORGE LEON RAMIREZ.

THANK YOU.

2020 MAR 30 PM 12:38


**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 (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 3/16 2020

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Jorge Luis Leon Ramirez  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**