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(Requestor's Name)	
(Address)	
(Address)	·
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	
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COVER LETTER

TO: Registration Section

Division of Corporations

THE BEST INVESTMENT COMPANY 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:

ALEXIS IZQUIERDO

Name of Person

THE BEST INVESTMENT COMPANY LLC

Firm/Company

9026 NW 181 ST

Address

MIAMI FL 33018

City/State and Zip Code

yoanylezcano@yahoo.es

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

at (

For further information concerning this matter, please call:

Alexis Izquierdo

Name of Person

786 553-8396 (_____) 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

THE BEST INVESTMENT COMPANY LLC	1208 120 Fil 4: 40
(<u>Name of the Limited Liability Company as in</u> (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were Florida document number 20000077541	iled on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Cor	npany," 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 addres agent and/or the new registered office address here:	is on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	<u> </u>

New Registered Office Address:

Enter Florida street address

_, Florida ______ 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.

City

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 Membe

<u>Title</u>	<u>Name</u>	Address 20 Pil 4:40	Type of Action
MGR	ALEXIS IZQUIERDO	9026 NW 181 ST MIAMI FL. 33018 US	🗆 Add
			Remove 🗐
		<u> </u>	⊡ Change
AMBR	YOANY LEZCANO	9026 NW 181 ST MIAMI FL. 33018	🖬 Add
			🗆 Remove
			□Change
AMBR	ALEXIS IZQUIERDO	9026 NW 181 ST MIAMI FL. 33018	🖬 Add
			[]Remove
			□ Change
			🗆 Add
			🗆 Remove
		<u> </u>	□ Change
			🗆 Add
			🗆 Remove
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			□Change

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

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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.

09/15 Dated	2020
	ales -
ALEXIS IZQUIERD	Signature of a member or authorized representative of a inember

Typed or printed name of signee