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	(Requestor's Name)	
	(Address)	PINNIII
	(Address)	
	(City/State/Zip/Phone #)	 -
	PICK-UP WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
Certified Co	pies Certificates of Status	
Special Ins	tructions to Filing Officer:	

Office Use Only



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Amend Ccis

JUN 1 9 2020 I ALBRITTON

COVER LETTER

	gistration Section vision of Corporations
SUBJECT	Best Meviors and Designs LLC Name of Limited Liability Company
The enclose	Articles of Amendment and fee(s) are submitted for filing.
Please retu	all correspondence concerning this matter to the following:
	Eduardo Puig Name of Person Best Interiors and Designs LLC Firm/Company
	1950 West 54th Street, Apt. 301 Address
	Hialpan, FL 33012
	City/State and Zip Code
For further	information concerning this matter, please call:
Edu	Name of Person at 20), 747-8389 Area Code Daytime Telephone Number
Enclosed is	check for the following amount:
\$25.00	Filing Fee Solution Solution Status Solution Status Solution Solut
	alling Address: Street Address:
	egistration Section Registration Section

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF Best Internet Sound Design LLC Best Internet Sound Design of Our records.)

(Name of the Limited Liability Company as it r (A Florida Limited Liability Company)	ow appears on our records.)
The Articles of Organization for this Limited Liability Company were fi Florida document number	ed on 5/4/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	707
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	14 r-
	2: 55
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address: 1950 WC	+ 54th Street, Apt. 321 Enter Florida street address
*change/covvect apartment Hialcah	Florida 33012
New Registered Agent's Signature, if changing Registered Agent:	

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.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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				
Title	Name	Address	Type of Action	
AMOR	Abel Earlia	1950 West 54th Street		
		Hialeah, FL 33012	Remove	
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D. If ame	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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F Effecti	ye date, if other than the date of filing: (optional)
(If an effe <u>Note:</u>	(optional) Give date, if other than the date of filing: Give 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cit's effective date on the Department of State's records.
If the record record is fil	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
Dated .	MAN 30 .2020.
	de artoning.
	Signature of a member or authorized representative of a member
	Typed or printed name of signer