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Special Instruction	is to	Filing Officer:	





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. COVER LETTER

TO: Registration Secti Division of Corpo			
	OF CENTRAL FLORIDA	LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subi	nitted for filing.	
Please return all correspond	ence concerning this matter t	o the following:	
	YANET M PUIG		
		Name of Person	
BEST FENCES OF CENTRAL FLORIDA LLC			
		Firm/Company	
	8510 N ARMENIA AVE A	APT 2013	
		Address	
	TAMPA, FL 33604		
		City/State and Zip Code	
	BESTFENCES.CENTRALI		
	E-mail address: (1	to be used for future annual report r	iotification)
For further information con	cerning this matter, please ca	all:	
YANET M PUIG		813 4033631	
Name of P	erson	at ()	time 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 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address	<u>:</u>

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

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

(Name of the Limited Liability Co	mpany as it now appears on our records.) ted Liability Company)	***
(A Florida Limi	ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 07/17/2020	and assigned
lorida document number L20000208666		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
BEST INSTALLS LLC		_
The new name must be distinguishable and contain the words "Limited I	iability 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	<u> </u>	
·····		
Enter new mailing address, if applicable:	PO BOX 152286	
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33684	
B. If amending the registered agent and/or registered off	ice address on our records, enter the	e name of the new regi
agent and/or the new registered office address here:		
		<u></u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da .
	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>	<u>Name</u>	Address	Type of Action
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			□Remove
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ective date, if other neffective date is listed to the date insert cument's effective date.	the date must be spece ed in this block doe	rific and cannot be press not meet the app	dicable statutory fi	r more than 90 days a	otional) fter filing.) Pursuant this date will not l	to 605.020 be listed a
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ied <u>06/2</u>	3/202	<u>/</u>	uthorized representa			
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