LZ00000253855

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phon	e #)
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(Do	ocument Number)	•
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CUYER LETTER

TO: Registration Se Division of Cor						
BEST SUN:	 SHINE HOMES GROUP, LI	£				
30 100 10011.	Name of Lie	nited Liability Company	-			
The enclosed Articles of A	Amendment and fee(s) are sui	bmitted for filing.				
Please return all correspon	dence concerning this matter	r to the following:				
	ORSOLYA CSAK					
		Name of Person				
	BEST SUNSHINE HOM	ES GROUP, LLC				
Firm/Company						
	6 ETHELBERT PL					
	Address					
	RIDGEWOOD, NJ 07450					
		City/State and Zip Code				
	TAXPROFESSIONALLCO	@GMAIL.COM				
	E-mail address: (to be used for future annual report notif	ication)			
For further information co.	 ncerning this matter, please c	all:				
EVA KOVACS		561 28 9-7773				
Name of	Person		Telephone Number			
Enclosed is a check for the	following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of \$tatus & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	rporations	Street Address: Registration Sectorial Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations Illahassec Street, Suite 810			

ANTICLES OF AMENUMENT

TO ARTICLES OF ORGANIZATION OF

BEST SUNSHINE HOMES GRO	OUP, LLC			
(Name of the Lin	ited Liability Compa (A Florida Limited I	ny as it now appears on on liability Company)	r records.)	
The Articles of Organization for this Limited	Liability Company	were filed on 08/18/202	20	and assigned
Florida document number 1.20000253855	·			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liabi	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	on "LLC" or the abbr	
Enter new principal offices address, if appli	cable:			2020
(Principal office address MUST BE A STRE				8 -
			完了	- F-
			-	- III
Enter new mailing address, if applicable:		6 ETHELBERT PL	. 1	
(Mailing address MAY BE A POST OFFICE	BOX)	RIDGEWOOD, NJ 074	50	ω
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office ac <u>ss bere</u> :	ddress on our records,	enter the name o	f the new registered
Name of New Registered Agent:	TAX PROFESSIONALS, LLC			
New Registered Office Address:	23123 STATE R	OAD 7 STE 310B		
	Enter Florida street address			
	BOCA RATON		_, Florida FL, 3	3428
		City		Zip Code
New Registered Agent's Signature, if changing				
I hereby accept the appointment as registere	ed agent and agree	e to act in this capacity	y. I further agree	to comply with the
provisions of all statutes relative to the propaccept the obligations of my position as regi	er ana complete p istered agent as n	erjormance of my dut. vovided for in Chapter	ies, and I am fan 605 ES Or is	iliar with and
being filed to merely reflect a change in the	registered office a	nddress, I hereby confi	rm that the limite	rd liability
company has been notified in writing of this	change.		,	-

If Changing Registered Agent, Signature of New Registered Agent

or removed	from our records:	eo co manage, <u>curer une une, name, ann andres</u>	s of each person being added
MGR = MARIE AMBR = AMBR	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	ORSOLYA CSAK	575 POWDER HORN ROW	
		LAKELAND, FL 33809	■ Remove
			□ Change
MBR	ORSOLYA CSAK	6 ETHELBERT PL	■Add
		RIDGEWOOD, NJ 07450	□ Remove
			□Change
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	:		☐ Change

Ifama			•						
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DATE AT									
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lf an effec	the date inser	ieu in mis bloci	K goes not m	neet the applical	ble statutory filin	g requirements, t	his date will	not be liste	d as
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Filing Fee: \$25.00