

L21000014858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2021-MAR-16-PM-4:59

SECRETARY OF STATE
TALLAHASSEE, FL

Amend

APR 07 2021

D CUSHING

TO: Registration Section
Division of Corporations

BESTIMATIONS OF FLORIDA LLC

SUBJECT:

Name of Limited Liability Company

2021 MAR 16 10:01

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICIA PINA

Name of Person

BESTIMATIONS OF FLORIDA LLC

Firm/Company

319 W MAIN STREET, STE A

Address

APOPKA, FL 32712

City/State and Zip Code

BESTIMATIONSLLC@GMAIL.COM

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

For further information concerning this matter, please call:

PATRICIA PINA

352

630-2948

at ()

Name of Person

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)

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

RECEIVED
MAR 16 2021

FILED

2021 MAR 16 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FL

3/11/21

To whom it may concern:

This letter is in regards to the LLC Amendment
for: Bestimations of Florida LLC.

I did not attach the check for the filing
fee of \$25.00.

Please find check enclosed.

Thank you.



Patricia Pina

352-630-2948 (cell)

**TO
ARTICLES OF ORGANIZATION
OF**

BESTIMATIONS OF FLORIDA 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 JANUARY 4, 2021
Florida document number 121000014858

This amendment is submitted to amend the following:

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

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)

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:

New Registered Office Address:

Enter Florida street address

City, **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.

If Changing Registered Agent, Signature of New Registered Agent

FILED
2021 MAR 16 PM 4:39
SECRETARY OF STATE
TALLAHASSEE
and assigned

or removed from our records:

MGR = Manager


AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MMBR	PINA, PATRICIA	319 W MAIN STREET, STE A	<input type="checkbox"/> Add
		APOPKA, FL 32712	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GEORGELIN, ALEXIA	319 W MAIN STREET, STE A	<input checked="" type="checkbox"/> Add
		APOPKA, FL 32712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

(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)

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.


Signature of a member or authorized representative of a member

Patricia Pina
Typed or printed name of signee