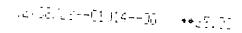
## L22000034058

(Re	equestor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	e #)		
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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corp	oorations		
BESTEE KI	NOWS BEST, LLC		_
SUBJECT.	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	VANESSA SANCHEZ		
		Name of Person	· <del></del>
	BESTEE KNOWS BEST,	LLC	
	Firm/Company		
	5701 COLLINS AVE 511		
		Address	<del></del>
	MIAMI BEACH, FL 3314	)	
		City/State and Zip Code	
	VANESSA@BONNEE.CO		
	E-mail address: (	to be used for future annual report notification)	- 350 652
For further information c	oncerning this matter, please ca	all:	0 -
VANESSA SANCHEZ		786 371-3098	. 2
Name o	f Person	Area Code Daytime Telephone Nur	nber
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee. ificate of Status & fied Copy ional copy is enclosed)
Mailing Address Registration Solvision of C	Section	Street Address: Registration Section Division of Corporations	

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

Company as it now appears on our records.) imited Liability Company)
mpany were filed on 01/18/2022 and assigned
ed liability company here:
ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
<u></u>
office address on our records, enter the name of the new regist
:
Enter Florida street address
Florida Florida
City , Florida Zip Code
n - ·

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

## Page 2 of 3

Effective date, if other than the date of filing: 100 2003 (optional)
Effective data if other than the date of filling. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(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 605.026  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted a
document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.
Dated $11/30$ $3033$
' A Manch
Signature of a member or authorized representative of a member  VANESSA SANCHEZ

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
AMBR	MARITZA ISABEL SANCHEZ SCHUBERT	5701 COLLINS AVE 511	_ ≡Add
	SANCHEZ SCHUBERI	MIAMI BEACH, FL 33140	_ □Remove
			_ Change
			_ □Add
			□Remove
			_ Change
			_ □Add
			_ □Remove
			_ Change
			_ 🗆 Add
		· · · · · · · · · · · · · · · · · · ·	_ □ Remove
		<u> </u>	. 05
			Add  Remove
			□Change
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