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SECRETARY OF STATE
TALLAHASSEF FI

A. BUTLER APR 0 8 2022

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Best Findz LL	C imited Liability Company				
. Mille W. C.					
The enclosed Articles of Amendment and fee(s) are s	ubmitted for filing.				
Please return all correspondence concerning this matt	er to the following:				
Latoya \	Y. Webster Name of Person				
Bes	t Findz LLC				
2101 Normand					
9. 45.	Address				
<u>Miami beac</u>	h, FL, 33 4 City/State and Zip Code				
Best Findz @	icloud. Com : (to be used for future annual report notification)				
For further information concerning this matter, please	call:				
Latoua Y. Webster	954 851-21-85				
Name of Person	Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:					
□ \$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)				
1,					
Mailing Address:	Street Address:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
Tallahassee, FL 323145	Tallahassee, FL 32303				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Best Findz LLC

Dest Findz LLC	pility Company as it now appear:	s on our 2022 HAR 23 AM 8: 20
		SECRETARY OF STATE A BOOK HASSEF and assigned
The Articles of Organization for this Limited Liability		X 38 Fast assigned
Florida document number <u>L2200010311</u>	4	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :
the new name must be distinguishable and contain the words "L	imited Lubility Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
	;	
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)	*****	
	· ·	
B. If amending the registered agent and/or register agent and/or the new registered office address here		cords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
te witegrated villed riviness.	ida street address	
		. Florida
	Cus	Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of t agent as provided for in C red office address. I hereb	my duties, and I am familiar with and hapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

ective date, if	other than the date of filing:
<u>te:</u> If the date in	iscreed in this block does not meet the applicable statutory filing requirements, this date will not be listed
tument's effectiv	we date on the Department of State's records.
ecord specifies a	delayed effective date, but not an effective time, at 42:01 a.m. on the earlier of: (b). The 90th day after the
is filed.	
ted	
	$\mathcal{I}_{\mathcal{U}}$
	Signature of a member or authorized representative of a member
	Latoya Y. Webster Typed or printed name of signee

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	Latoya Y. Webster	18117 Biscayne Blvd Suite 2247 Miami, FL 33160	; X Add
		2247 Miami, FL 33160	□Remove
			TIAdd
			ERemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			⊡Remove