

L222000212580

Ruth E Marte

(Requestor's Name)

Capital Tax + Filing Solutions

(Address)

375 N State Rd 434 Sk 2207-2208

(Address)

Altamonte Springs, FL 32714

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

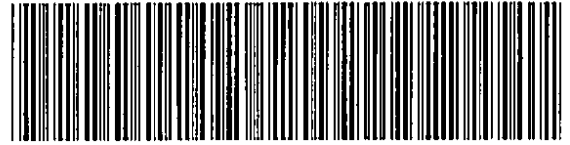
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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25/08/23--01004 --034 --*80.C.

FILED
2023 AUG -8 PM 12:24
CLERK OF COURT
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2023

RUTH E MARTE
CAPITAL TAX & FILING SOLUTIONS
375 N. STATE ROAD 434 STE 2207-2208
ALTAMONTE SPRINGS, FL 32714

SUBJECT: BHPH BEST QUALITY LEADS SOLUTIONS LLC
Ref. Number: L22000212580

We have received your document for BHPH BEST QUALITY LEADS SOLUTIONS LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

What Type of Action for the Manager Lisa? No box was checked.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 123A00016863

AUG 6 8 2023

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

BHPH BEST QUALITY LEADS SOLUTIONS LLC

2023 AUG -8 PM 12: 24

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/04/2022
Florida document number L22000212580.

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:

RUTH E MARTE

New Registered Office Address:

375 N STATE RD 434 STE 2207-2208

Enter Florida street address

ALTAMONTE SPRINGS

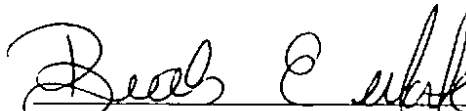
City

Florida 32714

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Lined area for amending information.

FILED
2028 AUG -8 PM 12:24
CLERK OF STATE
TALLAHASSEE, FLORIDA

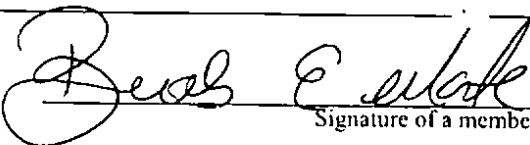
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated _____



Signature of a member or authorized representative of a member

ROTH E MARTZ

Typed or printed name of signee