L22000452435

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COVER LETTER

TO: Registration So Division of Con		· · · · · · · · · · · · · · · · · · ·	••
BEST PRO	DUCT LLC		
NOBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOURDES AROCHA		
		Name of Person	***
	BEST PRODUCT LLC		
		Firm/Company	
	8348 LITTLE RD		
	 .	Address	
	NEW PORT RICHEY, FL	. 34654	
		City/State and Zip Code	
	bestproducts2022@yahoo.c	om to be used for future annual report notil	(
			neation)
For further information c	concerning this matter, please c	all:	
LOURDES AROCHA		239 203-5778 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

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

(A Florida Limited Liability Company) BEST PRODUCT LLC The Articles of Organization for this Limited Liability Company were filed on 10/20/2022 Florida document number L22000452435 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 ____, 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 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	ALEXANDER AROCHA DIAZ	8348 LITTLE RD SUITE 319	□Add
		NEW PORT RICHEY, FL 34654	=Remove
			□Change
			Remove
			Change
			□ Add
			□Remove
			Change
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f an effec <u>Note:</u> H	te, if other than the date of filing:
record d is filed	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated N	EAIBER 1 2024
	Signature of a member or authorized representative of a member
	OURDES AROCHA

Filing Fee: \$25.00