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| Special Instructions to F | -iling Officer: | |
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Office Use Only



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COVER LETTER

| TO: | | tration Section of Corp | porations | | • 9 |
|----------------|----------|-------------------------|---|---|---|
| CHR ICA | В | lest Mortga | ge 4U, LLC | | · |
| SOBJEC | C1 | | Name of Lin | nited Liability Company | |
| The encl | losed A | Articles of a | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn a | ll correspoi | ndence concerning this matter | to the following: | |
| | | | Jacqueline Garcia | | |
| | | | | Name of Person | |
| | | | Best Mortgage 4U, LLC | | |
| | | | | Firm/Company | |
| | | | 3703 Thornwood Pl | | |
| | | | | Address | |
| | | | Tampa FL 33618 | | |
| | | | | City/State and Zip Code | |
| | | | jackieabella@yahoo.com | | |
| | | | E-mail address: (| to be used for future annual report not | ification) |
| For furth | ner infe | rmation co | neerning this matter, please c | all: | |
| Jacquelii | ne Gar | cia | | 702 302-7745 | |
| | | Name of | Person | at () | ie Telephone Number |
| Enclosed | Lis a cl | heck for the | 2 following amount: | | |
| ■ \$25. | .00 Fib | ng 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) |
| | | ng Address | _ | Street Address: | uri |
| | _ | stration Solion of Co | ection orporations | Registration Section Division of Corporations | |
| | | Box 6327 | | The Centre of T | |
| | Talla: | hassee, F | L 32314 | | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Best Mortgage 4U, LLC | | |
|---|--|----------------------------|
| (<u>Name of the Limited Liability Cor</u> (A Florida Limi | mpany as it now appears on our records.) ted Liability Company) | |
| The Articles of Organization for this Limited Liability Compa | any were filed on 11/28/2022 | and assigned |
| Florida document number 1.22000499591 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited I | iability company here: | |
| Box Mortgage 4U L.L.C | | |
| The new name must be distinguishable and contain the words "Limited L | iability Company," the designation "LLC" or t | |
| Enter new principal offices address, if applicable: | | 是 一 |
| (Principal office address MUST BE A STREET ADDRESS) | 2 | 2 |
| | | SS Z |
| | | E. ST |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered offi- agent and/or the new registered office address here: | ce address on our records, <u>enter the r</u> | name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| - | Enter Florida street address | |
| | Florida | ı |
| | Cuy | Zip Code |
| New Registered Agent's Signature, if changing Registered Age | <u>·nt:</u> | |

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

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> | Name | Address | Type of Action |
|--------------|-------------------------|---|----------------|
| MGR | Jacqueline Gareia | 3703 Thornwood Pl Tampa Fl 33618 | □Add |
| | | | □Remove |
| | | | —— |
| MGR ——— | Mariolys Martinez Curra | 7537 Summer Crest Ln Las Vegas NV 89129 | □ Add |
| | | | □Remove |
| | | | ■Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | |
| | | | ПРеточе |
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| f an el Note: | tive date, if other than the date of filing: |
|------------------|---|
| reco d is f | rd 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 iled. |
| Dated | , 1 |
| | Signature of a member or authorized representative of a member |
| | Signature of a member of authorized representative of a member |
| | |

Filing Fee: \$25.00