## L22000525508

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| (Do                     | ocument Number)    |           |
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| Certified Copies        | Certificates       | of Status |
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| Special Instructions to | Filing Officer:    |           |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  | 5   | ø  |
|--|--|---|--|
|  | E RESOURCES LLC                              |   |  |
| SUBJECT:                               | •  |   |  |
| SUBJECT:                               | Name of Limi                                 | ited Liability Company  |  |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return all correspo             | ndence concerning this matter                | to the following:   |  |
|  | MARTIN E MAS                                 |   |  |
|  |  | Name of Person  |  |
|  | BEST HOME RESOURCE                           | S LLC   |  |
|  |  | Firm/Company  |  |
|  | 1390 BRICKELL AVE, SU                        | TTE 104.  |  |
|  |  | Address   |  |
|  | MIAMI, FL 33131                              |   |  |
|  | MARTINM64@ME.COM                             | City/State and Zip Code   |  |
|  | E-mail address; (                            | to be used for future annual report noti                            | fication)  |
| For further information c              | oncerning this matter, please ca             | all:  |  |
| MARTIN MAS                             |  | 305 951-0821  |  |
|  |  | at ()   |  |
| Name o                                 | f Person                                     | Area Code Daytim  | e Telephone Number   |
| Enclosed is a check for the            | he following amount:                         |   |  |
| ■ \$25.00 Filing 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) |
| <u>Mailing Addres</u><br>Registration  |  | <u>Street Address:</u><br>Registration Se                           | ction  |
| Division of C                          |  | Division of Cor   |  |
| P.O. Box 632                           | •  | The Centre of T   |  |
| Tallahassee,                           | FL 32314                                     | 2415 N. Monro   | e Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BEST HOME RESOURCES LLC   |   |                     |
|---|---|---------------------|
| ( <u>Name of the Limited Liability C</u><br>(A Florida Lii  | Company as it now appears on our records.) mited Liability Company) | <del></del> ,       |
| The Articles of Organization for this Limited Liability Com-<br>Florida document number $\frac{1.22000525508}{1.000000000000000000000000000000000000$ | npany were filed on DECEMBER 15, 2022                               | and assigned        |
| This amendment is submitted to amend the following:   |   |                     |
| A. If amending name, enter the new name of the limited  | d liability company here:   |                     |
| The new name must be distinguishable and contain the words "Limited   | f Liability Company," the designation "LLC" or the ab               | breviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   |                     |
| Principal office address MUST BE A STREET ADDRES  | SS)   |                     |
|   |   | 2022                |
|   | 72  | SEP                 |
| Enter new mailing address, if applicable:   |   |                     |
| (Mailing address MAY BE A POST OFFICE BOX)  | Γ   | ŋ <del>-</del>      |
|   |   |                     |
|   |   | ္ မ                 |
| B. If amending the registered agent and/or registered o agent and/or the new registered office address here:  |   |                     |
|   |   |                     |
| Name of New Registered Agent:   |   |                     |
| New Registered Office Address:  |   |                     |
|   | Enter Florida street address  |                     |
|   | , Florida   |                     |
| <del></del>   | City  | 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

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 |
|--------------|---------------|---|----------------|
| MGR          | MAS, MARTIN E | 1390 BRICKELLAVE, SUITE 104, MIAMI, Ft. 33131 | <b>≡</b> Add   |
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| <u>Fote:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste ocument's effective date on the Department of State's records.   | ffective date, if other than the date of filing:  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 605.02 force: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occument's effective date on the Department of State's records.  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 list filed. |   |  |   |  |                                     |                                |               |
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| 1 is filed.  SEPTEMBER 13 2023   | l is filed.   |   |  | •   |  |                                     |                                |               |
| 1 is filed.  SEPTEMBER 13 2023   | l is filed.   |   |  |   |  |                                     |                                |               |
|  | SEPTEMBER 13 2023   |   | e, but not an effective ti                               | me, at 12;01 a.m                            | , on the earlier of                      | (b) The 90                          | th day after                   | the           |
| ated   |   | SEPTEMBER 13  | 2023   |   |  |                                     |                                |               |
|  | ated  | ated  | ·  |   |  |                                     |                                |               |
|  |   |   |  |   |  |                                     |                                |               |
| Signature of a member or authorized representative of a member   | Signature of a member or authorized representative of a member  |   |  |   |  |                                     |                                |               |

Filing Fee: \$25.00