



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BESTA ENDEAVOR LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2023 APR 25 PM 2:27

LLC

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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BESTA ENDEAVOR LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/14/2023 and assigned
Florida document number L23000130580

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)

46 COACH HILL DR. KITCHENER

ONTARIO, N2E-1P4, CANADA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

46 COACH HILL DR. KITCHENER

ONTARIO, N2E-1P4, CANADA

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

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BERBOTT, GRETA	46 COACH HILL DR, KITCHENER	☐ Add
		ONTARIO, N2E-1P4, CANADA	☐ Remove
			☒ Change
MGR	BERBOTT, BESMIR	46 COACH HILL DR, KITCHENER	☐ Add
		ONTARIO, N2E-1P4, CANADA	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
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			☐ Change

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