

L23000137965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

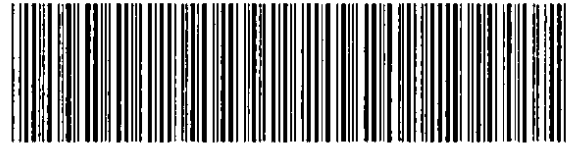
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/17/23--01031--009 **100.00

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2023 JUL 17 PM 9:20
CLERK OF STATE
TALLAHASSEE, FL

R. HUNT
07/17/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEST VALUE WHOLESALER, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS GONZALEZ

Name of Person

BEST VALUE WHOLESALER, LLC

Firm/Company

1520 TAGUS AVE

Address

CORAL GABLES, FL 33156

City/State and Zip Code

GENA@HRODRIGUEZPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS GONZALEZ

305 338-6317

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARIA G GENGÉ		<input type="checkbox"/> Add
		1520 TAGUS AVE, CORAL GABLES, FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2023
JAN 17
PM 9:20
STATE
OF FLORIDA
COMMISSIONER
OF
REVENUE

700 17 PM 3:21
 ARMY OF STATE
 HIA:SEE:FL

(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)

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 JUNE 30 1971 , 2021

~~Signature of a member or authorized representative of a member~~

CARLOS GONZALEZ

Typed or printed name of signor