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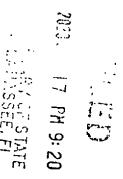
(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
-
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
,
Special Instructions to Filing Officer:
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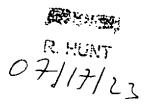




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COVER LETTER

TO:

TO:	Registration Sec			5 6 % (44.)			55 .	
		UE WHOLESALER, LLC						
SUBJE	ECT:	Name of Lim	ited Liability Company	,		_		
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspo	ndence concerning this matter	to the following:					
		CARLOS GONZALEZ						
			Name of Person	í			د ج	
		BEST VALUE WHOLES.	ALER, LLC				, , ,	i.
			Firm/Company					47 (4.6 27 (4.6 28 (28)
		1520 TAGUS AVE				\$\$\; 9.48	7 p	
			Address			الله الكاتات الكاتات	<u>⊐</u> ≍	
		CORAL GABLES, FL 33	156			FE	PH 9: 20	
			City/State and Zip C	lode				
		GENA@HRODRIGUEZPA						
		E-mail address: (to be used for future an	nual report notif	ncation)	<u>.</u>		
For fur	ther information co	oncerning this matter, please c	ali:					
CARL	OS GONZALEZ		305 at (338-6317				
	Name of	Person	Area Code	Daytime	Telephone Nu	mber	_	
Enclos	ed is a check for th	e following amount:						
≡ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Cop (additional copy	у	Cert Cert	00 Filing lificate of ified Copy	Status y	
	Mailing Addres			et Address:	ntion			
	Registration S Division of C		-	gistration Section of Cor				
	P.O. Box 632			Centre of T	•			
	Tallahaccee F	71 32314	241	5 N. Monroe	Street Sui	te 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEST VALUE WHOLESALER, LLC

(<u>Name of the Limited Liability Co</u> r (A Florida Limit	mpany as it now appears on outed Liability Company)	ir records.)			
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for the Organization for the Articles of Organization for the Organ	_ and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited l	iability company here:				
The new name must be distinguishable and contain the words "Limited L	iability Company," the designat	ion "LLC" or the abbre	ينب		
Enter new principal offices address, if applicable:			23		
(Principal office address MUST BE A STREET ADDRESS	2	~			
		<u> </u>			
		S C C	P []		
Enter new mailing address, if applicable:		m s	ë C		
(Mailing address MAY BE A POST OFFICE BOX)			20		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our record	s, enter the name o	of the new registe		
Name of New Registered Agent:					
New Registered Office Address:					
ivew registered comes readess.	Enter Florida street address				
	, Florida				
	City		Zip Code		
New Registered Agent's Signature, if changing Registered Agentic	ent:				
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compo- accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change	lete performance of my di as provided for in Chapte	uties, and I am fan er 605, F.S. Or, if	niliar with and this document is		

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>	Type of Action
AMBR	MARIA G GENGE		🗆 Add
		1520 TAGUS AVE,CORAL GABLES, FL 33156	■Remove
			□Add
			□Remove
			□ Change
		<u> </u>	
			Remove
		S) (M) (M) (M) (M)	
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te: If the date inserted in this block does t	not meet the appl	icable statutor	y filing requirem	ents, this date v	vill not be lis	acd.
cument's effective date on the Department	i di 2itie e tecor	18.				
ocord specifies a delayed effective date, bu	it not an effective	timo, at 12:01	a.m. on the earli	ier of: (b) The	90th day aft	er t
s filod.						
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