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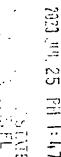
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Special Instructions to Filing Officer:

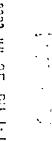




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COVER LETTER

Registration Section

TO:

Division of Cor	porations				
Only the Bo	est RE LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Kayla Eggerton				
		Name of Person			
	Patel Law Group PLLC				
		Firm Company			
	1125 Executive Circle, Su	ite 200,			
		Address			
	Irving, TX 75038				223 JEE
		City/State and Zip Code			
	keggerton@patellegal.com	to be used for future annual report not	- Granta and		25
For further information c	oncerning this matter, please c		ireation y	5165	P:
Kayla Eggerton		972 4354334 at ()			1:47
Name o	f Person	Area Code Daytin	ne 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)	Certified (e of Status	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se			
Division of C	Corporations	Division of Co	rporations		
P.O. Box 632 Tallahassee.		The Centre of 2415 N. Monre	Fallanassee Se Street, Suite 81	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONLY THE BEST RE 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 May 24, 2023 and assigned Florida document number 1.23000254653 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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	Victor Khristov	25732 Commercentre Dr., Lake Forest, CA 92630	= Add
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an effective date is listed, the c			le statutory filing req	uirements, this d	ate will not be listed a
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Filing Fee: \$25.00