11/29/23, 11:02 AM

Division of Corporations

## Florida Department of State

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 : PARASEC

Account Number : I20180000086 Phone : (916)576-7000

Fax Number : (800)603-5868

\*\*Enter the email address for this business entity to be used for future' $^{ extstyle imes}$ annual report mailings. Enter only one email address please. \*\*

Email Address: RLOPS@PARASEC.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **OUR BEST THOUGHTS COMMUNICATIONS LLC**

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Tc: 18506176383 From: 19166105073 Date: 11/29/23 Time: 5:04 PM Page: 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OUR BEST THOUGHTS COMMUNICA		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11/16/2023	and assigned
Florida document number		<del>_</del>
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil"	hty Company," the designation "LLC" or the abb	reviation "L L.C."
nter new principal offices address, if applicable:  611 Sea Pine Way, Suite D		
Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, FL, 33415	<u> 26 </u>
	·	•
Enter new mailing address, if applicable:	611 Sea Pine Way, Suite D	
(Mailing address MAY BE A POST OFFICE BOX)	West Palm Beach, FL, 33415	· ·
		<del></del>
		]?
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name</u>	of the new regist
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.

City

To: 18506176383 From: 19166105073 Date: 11/29/23 Time: 5:04 PM Page: 04/05

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
		□Remove	
			Change
<del></del>			□Ađd
			□Remove
			☐ Change
			□Remove
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		□Remove	
			□ Change
			□ Add
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			□Remove
			□Change

To: 18506176383 From: 19166105073 Date: 11/29/23 Time: 5:04 PM Page: 05/05

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Note: If	e date, if other than the date of filing:
he record ord is file	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 d.
	November 27 2023
Dated	
Dated _	Chother Aftern
Dated _	November 27 2023  Chatter Whose Chatter of a member of authorized representative of a member

Filing Fee: \$25.00