

L24000125045

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

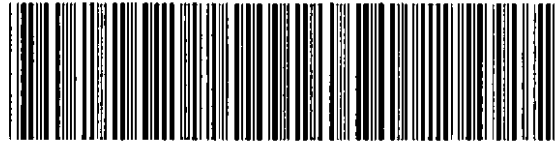
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TALLAHASSEE, FL

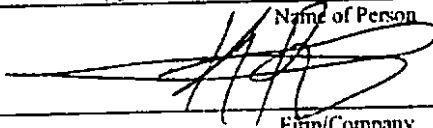
## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ONE BEST SOLUTIONS, 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:

KELVIN MUNGUIA RIVERA  
Name of Person  
  
Firm/Company

1016 W BEACON RD  
Address

LAKELAND, FLORIDA, 33803  
City/State and Zip Code

Bestprorenovations@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KELVIN MUNGUIA RIVERA at (813) 957 4268  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$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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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ONE BEST SOLUTIONS 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 MARCH 12, 2024 and assigned Florida document number 124000125045.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BEST PRO RENOVATIONS LLC.

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)

1016 W Beacon Rd, Lakeland,  
Florida, 33803

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1016 W Beacon Rd, Lakeland,  
Florida 33803

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:

Wanda Perza Garrido

New Registered Office Address:

1016 W Beacon Rd, #2  
Enter Florida street address

Lakeland, Florida  
City

2025 JAN 13 PM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FL  
Zip Code 32399

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.

Wanda Perza Garrido

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>
<u>AMBR</u>	<u>DEREK ROMERO</u>	<u>6720 S FLORIDA AVE</u>	<input type="checkbox"/> Add
		<u>Lakeland, FL, 33813</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u> <small>AGENT</small>	<u>JOANA PAGOADA</u>	<u>6720 S FLORIDA AVE.</u>	<input type="checkbox"/> Add
		<u>Lakeland, FL, 33813</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I need the company to have the name of  
BEST PRO RENOVATIONS LLC.

That authorized members are only Kelvin  
Munguia and Wanda Perwa.

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TALLAHASSEE, FL.

FILED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 NOVEMBER 25, 2024

Signature of a member or authorized representative of a member

KEVIN MUNGUIA Rivera  
Typed or printed name of signer

Filing Fee: \$25.00