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COVER LETTER

то:	Registration Se Division of Cor			
CUDIE	Best Man N	Mens Clinic		
SUBJE	LI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Christian Peyton		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Best Man Men's Clinic		
			Firm/Company	
		7906 Bahama Ave		
			Address	
		Port Richey, FL 34668		
			City/State and Zip Code	
		info@bestmanclinic.com		
		E-mail address: (to be used for future annual report no	nification)
For furth	ner information o	concerning this matter, please c	all:	
J. Christ	tian L Peyton		727 859-2442 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	d is a check for t	he following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address:	ection
	Registration S Division of C		Registration Se Division of Co	
	P.O. Box 632		The Centre of	-
	Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

now appears on our record y Company) filed on 08/26/2024 ompany here:	and assigned
ompany here:	
mony" the designation "I.I.(797 - Ab - 11 - 12 - 11 I C 7
moony" the designation "LLC	ON THE SECOND STATE OF MICH.
	or the appreviation (L.L.C.
27 W. Linebaugh Ave	 23
t 101	2024 S.E.G.
npa, FL 33626	E SP
	32-1
73 NW 58th St	SSS TO
e 751	(F) 6
al, FL 33178	된 13
ss on our records, <u>enter</u>	the name of the new regist
.	
Enter Florida street addres	22.
	lorida
ity .	Zip Code
i	Enter Florida street addre

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 Loria	10773 NW 58th St	= Add
		Suite 751	□Remove
		Doral, FL 33178	□Change
AMBR	J Christian L. Peyton	7906 Baham Ave	□Add
		Port Richey, FL 34668	
			■ Change
			□ Add
			□Remove
			□Change
			Remove
			□Remove
			Change
			□Add
			□ Remove
			□ Change

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ffective date, if other than th	ne date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03
an effective date is listed, the date m lote: If the date inserted in this l	block does not meet the applicable statutory filing requirements, this date will not be listed
ocument's effective date on the	
record specifies a delayed effect d is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
a is med.	
Sept 19	2024
Pated	
	16 1 19 1 '
- 1	Signature of a member or authorized representative of a member
I Chainting I Barre	
J. Christian L Peyton	Typed or printed name of signee

Filing Fee: \$25.00