P08000020462

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COVER LETTER

TO: Amendment Section

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Division of Corporations

DOCUMENT NUMBER: _____

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person
THE BEST L.D.S. OF COAST, INC.
Firm/ Company
2529 ELKCAM BLVD
Address
PORT CHARLOTTE, FL 33952
City/ State and Zip Code
guerrayenni@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAURA Y. GUERRA at (941) 815-7207 Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

S43.75 Filing Fee & Certificate of Status

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □ S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment		
to Articles of Incorporation	<u>.</u> (21
of	· ·	122
THE BEST L.D.S. COAST, INC.	;	2022 AUG/31
(Name of Corporation as currently filed with the Florida Dept. of State)	-	
P08000020462	میں نو میں ا	- P .
(Document Number of Corporation (if known)	بیشینی بزنسته	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following ar its Articles of Incorporation:	nendment	حب در (s) در (s)
A. If amending name, enter the new name of the corporation:		
77.	e new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation " "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain th "chartered," "professional association," or the abbreviation "P.A."	Corn."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	 	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address;		
Name of New Registered Agent		
(Florida street address)		
<u>New Registered Office Address</u> :, Florida, Florida, Citv)	3	
<u>New Registered Agent's Signature, if changing Registered Agent:</u> Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.		
- OLA		
Signature of New Registered Agent, if changing		

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

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Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change

X Change	<u>PT</u>	John Doe	
<u>X</u> Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address
1) Change	VP	PEDRO SANCHEZ	4301 11TH STREET SW
Add			LEHIGH ACRES, FL 33976
X Remove			
2) Change			
Add			<u> </u>
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

· · ·	
	07/20/2022
' The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
07/20/2022	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s) (0	C <u>HECK ONE</u>)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _	· · · · · · · · · · · · · · · · · · ·	•	~3	
-	(voting group)		2022 -	
	07/20/2022	-	AUG	•
	Dated		$\frac{\omega}{2}$	
	Signature	<u>'</u>	РН	ر
	(By a director, president or other officer - if directors or officers have not been	<u> </u>	\sim	
	$\begin{pmatrix} \text{selected, by an incorporator} - \text{ if in the hands of a receiver, trustee, or other court} \\ \text{appointed fiduciary by that fiduciary} \end{pmatrix}$		2: 33	
	MAURA GUERRA			
	(Typed or printed name of person signing)			
	PRESIDENT			
	<u> </u>		_ 	

(Title of person signing)

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