## L12000146027

(Re	equestor's Name)	
(Ad	dress)	
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, (Cit	ry/State/Zip/Phone	e #)
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## **COVER LETTER**

TO:		istration Se ision of Cor			
SHRI	ECT:	Better Than	1 Good Enterprises, LLC	imited Liability Company	
3000	ECI		Name of Lim	ited Liability Company	
The e	nclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return	all correspo	ndence concerning this matter	to the following:	
			Esther L Porta		
				Name of Person	
			Better Than Good Enterpri	ises, LLC	
				Firm/Company	<del></del>
			4308 Ivanhoe Dr.		
			<del> </del>	Address	······································
			Titusville, FL 32796		
				City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
			estherporta@gmail.com		
			E-mail address: (	to be used for future annual report notif	ication)
For fu	ırther iı	nformation c	oncerning this matter, please ca	all:	
Esthe	r Porta			407 314-8697 at ()	
		Name o	f Person	Area Code Daytime	: Telephone Number
Enclo	sed is a	a check for th	ne following amount:		
<b>(Å</b> \$2	25.00 F	iling 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Better Than Good Enterprises, LLC				
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now a Limited Liability Compa	opears on our records.) any)		
The Articles of Organization for this Limited Liability C	ompany were filed or	November 19, 2012	and assigned	
lorida document number L12000146027				
This amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limi	ited liability compan	ıy here:		
he new name must be distinguishable and contain the words "Lim	ited Liability Company,"	the designation "LLC" or the a	bbreviation "L.L.C."	
Inter new principal offices address, if applicable:	4308 Ivanh	oe Dr.		
Principal office address MUST BE A STREET ADDR	Titusville,	FL 32796	<u> </u>	
			<b>41</b>	
Inter new mailing address, if applicable:			<b>2</b> 195	
Mailing address MAY BE A POST OFFICE BOX)	<del></del>			
B. If amending the registered agent and/or registered agent and/or the new registered office additional Name of New Registered Agent:  Esther		s on our records, <u>enter</u>	the name of the	
4200.1	vanhoe Dr.			
New Registered Office Address: 4308 I		r Florida street address		
Titusv		, Florida <u>32</u>	2796	
	City	, FIORICA	Zip Code	

## 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

Title Address Name Type of Action The Entrust Group Ire Abo John Anthony Porta DAdd 555 12th St., Ste 1250 KRemove Oakland, CA 94607 The Entrust Group Inc floo Esther Porta IRA XAdd 555 12 th St., Ste 1250 \_ Remove Oakland, CA 94607 16766 Southeast 175th Tanya F Vieira MOR Terrace 2d Remove Weirsdale FL 32159 □ Add ☐ Remove ☐ Change Remove ☐ Remove ☐ Change

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ffectiv	date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) P		0205
Note: II	the date inserted in this block does not meet the applicable statutory filing requirements, this date wit's effective date on the Department of State's records.	ill not be liste	d as
100411101	. Seriestive date on the Department of State S records.		
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. or	the earlie	er of
That	Oth day after the record is filed.		
The 9			
The S	1/4 2017/	17	
The S	1/4 JOIT	17 JA	
The S	Signature of a member or authorized representative of a member	0 NY 21	12-

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Filing Fee: \$25.00