117000078851

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K. SALY APR 2 6 2017

COVER LETTER

	Registration Sec Division of Corp			
SUBJECT	Better Comn	nunity Health, LLC.		
SUDJEC:		Name of Lim	ited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspon	dence concerning this matter	to the following:	
		Yoany Banos		
			Name of Person	
		7900 NW 27th Avenue Sui	ite E231A	
			Address	•
		Miami, FL 33147		
			City/State and Zip Code	
		yoanybanos@yahoo.com		
			to be used for future annual report notifi	cation)
For further	r information co	ncerning this matter, please ca	all:	
Yoany Ba	nos		305 586-9677 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for the	e 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301

· ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

2017 AD	FILED
TALLAUTA	R 24 AM II: OQ RYOF STATE SEE. FLORID
'''4S	SEE. FLORID

Better Community Health, LLC.

(Name of the Limite	d Liability Compa A Florida Limited	inv as it now appears of Liability Company)	on our records.	"ASSEE FLORIS
The Articles of Organization for this Limited Liability Company were filed on 04/07/2017 and assigned Florida document number 17000078851 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 7900 NW 27th Avenue Suite E237A (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 7900 NW 27th Avenue Suite E237A Miami, FL 33147 Enter new mailing address, if applicable: 7900 NW 27th Avenue Suite E237A Miami, FL 33147 Enter new mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the negistered agent and/or the new registered office address here: Name of New Registered Agent: N/A New Registered Office Address: N/A New Registered Office Address: Piorida street address Lip Code				
This amendment is submitted to amend the follo	document number L17000078851 mendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." new principal offices address, if applicable: pal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: pad address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address on our records, enter the name of the new red agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: N/A New Registered Office Address: N/A			
A. If amending name, enter the new name of	the limited liab	ility company hero	<u></u> :	
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the desi	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	7900 NW 27th Av	enue Suite E237A	
• •		Miami, FL 33147		
	8 <u>0X)</u>			
registered agent and/or the new registered off	ice address her		our records, <u>ent</u> e	er the name of the new
New Registered Office Address:	N/A			
		Enter Floride	a street address	
		·	, Florida	
		•		Zip Code
New Registered Agent's Signature, if changing R	egistered 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 Mémber

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	Yoany Banos	7900 NW 27th Avenue Suite E237	5 Add		
		Miami, FL 33147	□ Remove		
			☐ Change		
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fective date, if other than the in effective date is listed, the date mus	date of fili be specific a	ing: and cannot l	be prior to	date of filin	g or more th		otional) fter filing.		to 605.020
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record specifies a delayed The 90th day after the rec			ut not a	an effect	ive time	, at 12:0:	1 a.m.	on the	earlier o
ated April 21		2017		. •					
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		T	Dec			nember			

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee