L23000356450

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(6)	(C)	
(City	y/State/Zip/Phone	₹#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u>-</u>
Certified Copies	Certificates	of Status
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Office Use Only

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COVER LETTER

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SUBJECT:	BETTER 1	THAN EVER CONSTRUCTION	ON COMPANY LLC		
SOUTECT.		Name of Lin	nited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retur	n all correspo	ondence concerning this matter	to the following:		
		Jack Workman			
			Name of Person	· · · · · · · · · · · · · · · · · · ·	
		Audit Ready Inc	,		
			Firm/Company		
		469 Ward Dr			
			Address		
		Oak Hill FL 32759			
			City/State and Zip Code		
		Brandonkent846@gmail.co	m		
		E-mail address: (to be used for future annual report no	tification)	
For further i	information c	oncerning this matter, please c	all:		
Jack Works	nan		386 410-2026		
	Name o	f Person		me Telephone Number	
Enclosed is	a check for th	ne 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)	
	iling Addres gistration S		Street Address:	anti an	
		orporations		Registration Section Division of Corporations	
P.(D. Box 632	7	The Centre of	•	
Ta	llahassee, F	FL 32314	2415 N. Monro	pe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	Company as it now appears on our record Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Co Florida document number <u>L23000356450</u>	ompany were filed on <u>07/28/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Better Kent LLC		
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	office address on our records, enter	the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	8
		orida Zip Code
	City	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 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
AMBR	Brooke Kent	126 Aqua Court	□Add
		New Smyrna Beach FL 32168	■Remove
			□Change
AMBR	Better Than Ever Home And Lawn	3018 Royal Palm Drive	□Add
		Edgewater FL 32141	■Remove
	·		□Change
			□Add
			□Remove
			□Change
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			Change

If an ci <u>Note:</u>	tive date, if other than the date of filing:
	ord 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 filed.
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	Sep 6, 2023 Sep 6, 2023
	There
ord is f	Sep 6, 2023 Brandon (Sep 6, 2023 08'07 ED7) Signature of a member or authorized representative of a member