

L10000002791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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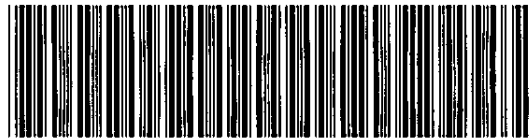
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Better Brain Care, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Barry L Jones LCSW
Name of Person

Better Brain Care LLC
Firm/Company

1725 Capital Circle, NE Unit 204
Address

Tallahassee, Florida 32308
City/State and Zip Code

bljbbc@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry L Jones, LCSW at (850) 656-1129
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Better Brain Care, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/08/2010 and assigned
Florida document number L10000002791

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:

(Principal office address MUST BE A STREET ADDRESS)

1725 Capital Circle, NE
Unit 204
Tallahassee Florida 32308

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1725 Capital Circle, NE
Unit 204
Tallahassee, FL 32308

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

1725 Capital Circle, NE, Unit 204

Enter Florida street address

Tallahassee

City

, Florida

32308

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Barry L Jones, LCSW	1725 Capital Circle, NE	☐ Add
		Unit 204	☐ Remove
		Tallahassee, Florida 32308	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

100

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated 7-15-15, _____

Barry Hones LCU
Signature of a member or authorized representative of a member

Barry L Jones LCSW
Typed or printed name of signee