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SECKETARY OF STATE TALLAHASSEE, FLORIDA

T. HAMPTON
DEG - 1 2011
EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJI	ЕСТ:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
		C	Nis Fanelli Name of Person	
		و	Net Connect. LLC	
			Firm/Company	
		los	50 E. Sahara Ave	少年401
		_	Address	
		La	City/State and Zip Code	<u> </u>
			rise entry.com	
				tion)
For fur	ther information of	concerning this matter, please	cali:	
	Chris F	of Person	at (702) 308 - 7 Area Code & Daytime T	Celephone Number
Enclos	ed is a check for t	he 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

FILED

2011 DEC -6 AM 10: 44

SECRETARY OF STATE ompany as it now appears on our records.) LAHASSEE, FLORIDA (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 19, 2010 and assigned Florida document number <u>L \0000041520</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: My Better Store. LLC The new name must be distinguishable and end with the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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 608, 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.

City

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Ma	naging Member				
Title -	<u>Name</u>	Address	Type	of A	ction
MGR.	Julian Nelson	7950 NW 53 5t. #211 MIAM, PH 33166	€ A X(R)	dd emove	
MGR	Chris Famili	7950 NW 53Rd 5t. #211 Mani, Fl 33166	5 _ / A _ □ R	dd emove	
			A	dd emove	
			A	dd emove	
			Ad Re	d move	
 			Ad Re	ld move	
D. If amendin	g any other information, enter change((s) here: (Attach additional sheets, if necessary.)			
			SEUNETARY C	2011 DEC -6 1	FILED
	Jovember 29th , 201	h.	RETARY OF STATE AHASSEE, FLORIDA	AH 10: 44	O
	/ Jula	r authorized representative of a member Nelson r printed name of signec			

Page 2 of 2

Filing Fee: \$25.00