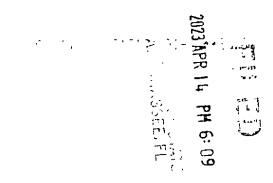
L110000088631

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
V -1.
(Document Number)
(Document verificial)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500406082215



S. FRANKLIN JUN - 1 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Compa	ny as it now appears on our records.)
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LN 0003863</u>	were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3000 NW 42nd Ave # 13404 Coconect Creek FL 33066
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3000 NW 42nd AVE #B404 Coconul (YPERFL 33066
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	23 A
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
Nam Davistaged Agent's Circuture of shanging Davistaged Agents	\mathcal{O}_{+} . \mathcal{O}_{0}

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.

New Registered Agent's Signature, if changing Registered Agent:

COVER LETTER

Division of Corp	porations		
SUBJECT:	Better	CONTRACTOR!	<u>s</u> <u>LL</u> C
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
		Name of Description	
		Name of Person CONTRACTORS Firm/Company	
	20283	STATE ROAD 7 Address Ratow FL City/State and Zip Code Description of State and Sta	, Ste 404
	Boca	Raton F2 City/State and Zip Code	33498
	E-mail address: ()	to be used for future annual report notifi	(CT) COM (COM cation)
For further information co	ncerning this matter, please ca		
Andre of Name of	ea Ris Person	at (305) 5/6- Area Code Daytime	SSD 3 Telephone Number
Enclosed is 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)
Mailina Addense		Stemat Address.	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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
MGR	AMIR NADULEK	3000 NW 42nd Ave	IIAGd
		# B404	
		COCONUT GREEK, 33	X66 Change
MGR	Andreea Ris	20283 STAR Load-	<u>7</u> □∧dd
		Stc 404	[548emove
	Boca Ration 334	8 □Change	
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□ Change

_		
		
		·
	ate, if other than the date of filing: 3/22/2023 (optional) date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu	ani to 605 020
Note: If the	date inserted in this block does not meet the applicable statutory filing requirements, this date will neeffective date on the Department of State's records.	ot be listed a
e record spec rd is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	day after th
S		
Dated		
	the della	
_	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00