L13000016045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

900438674169

10/31/24--01009--001 **25.00

FILED
2024 OCT 31 AM 11:00

A BETTER LIFE®

Bonnie K. Brown
A Better Life for You, LLC
7326 10th Street North, St. Petersburg, FL 33702
bonnie@abetterlife.me
727-688-2990

October 24, 2024

To: Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: **Articles of Amendment for A Better Life for You, LLC**

Florida Document Number: **L13000016145**

To Whom it May Concern:
Enclosed please find the Articles of Amendment for "A Better Life for You, LLC" to change the name of the company to "**A Better Life - Health & Wellness, LLC**". The effective date for this name change is requested to be: **November 1, 2024.**

Enclosed is a check for the amount of $25.00 to cover the filing fee for this amendment.

Please return any correspondence related to this filing to the following address:
Bonnie K. Brown
A Better Life for You, LLC
7326 10th Street North, St. Petersburg, FL 33702

Please let me know if you need any additional information or documentation. I can be reached at: bonnie@abetterlife.me, or by calling 727-688-2990.

Thank you for your assistance.

Sincerely,
Bonnie K. Brown

Bonnie K. Brown

Owner/Managing Member
A Better Life for You, LLC

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: A Better Life - Health & Wellness, 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:

Bonnie K. Brown
Name of Person

A Better Life For You, LLC
Firm/Company

7326 10th Street North
Address

St. Petersburg, FL 33702
City/State and Zip Code

bonnie@abetterlife.me
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bonnie K. Brown at (727) 688-2990
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

A Better Life, 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 01/31/2013 and assigned Florida document number L13000016145

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A Better Life - Health & Wellness, LLC

The new name must be distinguishable and contain 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)

FILED
2024 OCT 31 AM 11:00

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** _____

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 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

Title	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 11/1/24 **(optional)**

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 10/24, 2024.

Bonnie K. Brown

Signature of a member or authorized representative of a member

Bonnie K. Brown

Typed or printed name of signee