

L13000137868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

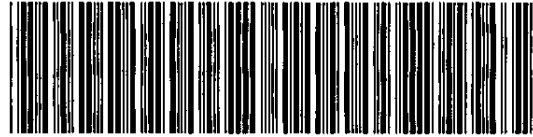
(Business Entity Name)

(Document Number)

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FILED
13 OCT 23 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 29 2013
T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

Better Half Holdings, LLC

SUBJECT: _____
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:

Claudia S. Kenny

Name of Person

Allegiance Law Group, PL

Firm/Company

304 Kingsley Lake Drive, Suite 602

Address

Saint Augustine, FL 32092

City/State and Zip Code

ckenny@allegiancelawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan DiMascio

215 219-6498

Name of Person at (_____) _____
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 Half Holdings, LLC

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

FILED
13 OCT 23 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on September 30, 2013 and assigned Florida document number L13000137868.

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 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)

2220 County Road 210 West

Suite 108 - 436

Jacksonville, FL 32259

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2220 County Road 210 West

Suite 108 - 436

Jacksonville, FL 32259

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: Claudia S. Kenny

New Registered Office Address: 304 Kingsley Lake Drive, Suite 602

Enter Florida street address

Saint Augustine, Florida 32092

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 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.


If Changing Registered Agent, Signature of New Registered Agent

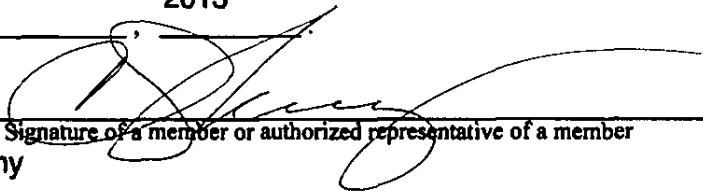
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Susan DiMascio	2220 County Road 210 West	<input checked="" type="checkbox"/> Add
		Suite 108 - 436	<input type="checkbox"/> Remove
		Jacksonville, FL 32259	
MGRM	Craig Clark	2220 County Road 210 West	<input checked="" type="checkbox"/> Add
		Suite 108 - 436	<input type="checkbox"/> Remove
		Jacksonville, FL 32259	
MGRM	Susan DiMascio	1192 Garrison Dr.	<input type="checkbox"/> Add
		St. Augustine, FL 32092	<input checked="" type="checkbox"/> Remove
MGRM	Craig Clark	1192 Garrison Dr.	<input type="checkbox"/> Add
		St. Augustine, FL 32092	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated October 18 2013


Signature of a member or authorized representative of a member
Claudia S. Kenny

Typed or printed name of signee