L13000143847

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Better Life Homes, 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 K Dillard	
Name of Person	
Better Life Homes, LLC	
Firm/Company	
2323 Crosby Rd	
Address	
Valrico, Fl 33594	
City/State and Zip Code	
barrydillard@aol.com	

For further information concerning this matter, please call:

Barry	K	Dil	lard
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{...}813、298-7739

Name of Person

Area Code

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

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

FILED 2014 JUN 26 PM 2: 28

Better LIF	e Homes LL (FAR iability Company as it now appears on our records.) lorida Limited Liability Company)	CLETANG OF STATE LAMASSEE, FLORIDA
The Articles of Organization for this Limited Liabili Florida document number L13000143847	ity Company were filed on 10/11/2013	and assigned
This amendment is submitted to amend the following	ng:	
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 Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A)	:	a the aboreviation 12.12.C.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	aZip 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name | **Address Type of Action** 7502 Mayfair Ct Juan C Gonzales **MGRM** □ Add Tampa, FI 33634 ■ Remove □ Add □ Remove □ Add ☐ Remove □ Add ☐ Remove □ Add □ Remove □ Add ☐ Remove

	 	
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e date this document is filed by the Florida D		(optional) t be more than 90 days after
ted June 23	Department of State) , 2014	
ffective date, if other than the date ne effective date must be specific, cannot be price date this document is filed by the Florida Dated June 23 Barry K Dillard	Department of State)	

Page 3 of 3

Filing Fee: \$25.00

