

LI4000096139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

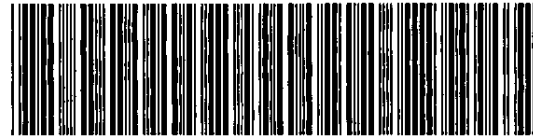
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 JUN 16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Better Advocacy for Teachers 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:

Andrea J. Black

Name of Person

Better Advocacy for Teachers

Firm/Company

2105 Cove Lake Rd. apt.2105

Address

North Lauderdale, Florida 33068

City/State and Zip Code

blackandrea1979@gmail.com

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

For further information concerning this matter, please call:

Andrea J. Black

Name of Person

at (954) 560-5336

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

Better Advocacy For Teachers LLC

Page 1 of 3

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

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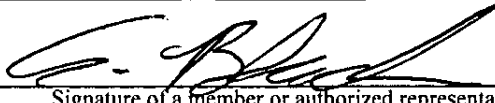
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please add my Employer Identification Number. 47-11044228

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 17, 2014



Signature of a member or authorized representative of a member

Andrea J. Black

Typed or printed name of signee

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Filing Fee: \$25.00

16 JUN 19 PM 3:35
SUBMITTING OFFICE
TALLAHASSEE, FLORIDA