L14000096135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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06/19/14--01010--002 **25.00

14 JUN 19 PM 2:25

# 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 at (954) 560-5336
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/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 Advocacy For Teachers 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 6/16/14 and assigned Florida document number L14000096139.

This amendment is submitted to amend the following:

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

Better Advocacy for Educators, L.L.C.

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)***

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

FILED
2014 JUN 16 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 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**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| _____ | _____ | _____ | ☐ Add |
| | | _____ | ☐ Remove |
| | | _____ | |
| _____ | _____ | _____ | ☐ Add |
| | | _____ | ☐ Remove |
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| | | _____ | ☐ Remove |
| | | _____ | |

**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

14 JUN 19 PM 3:35

TALLAHASSEE, FLORIDA



**Filing Fee: $25.00**