1160000009502

(Requestor's Name)				
. (Address)				
(Address)				
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number	<u>. </u>		
Certified Copies	Certificate	s of Status		
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K.SALY EXAMINER MAY 17

COVER LETTER

	sistration Se ision of Cor				
un more.		Budget Solutions LLC			
SUBJECT:		Name of Limited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Inger Wafer			
			Name of Person		
		Better Life Budget Solutio	ns LLC		
			Firm/Company		
		1950 Lee Rd			
			Address		
		Winter Park, FL 32789			
		betterlifebudget@gmail.cor	City/State and Zip Code n		
		E-mail address: (to be used for future annual report notifi	cation)	
For further i	nformation c	oncerning this matter, please c	all:		
Inger Wafer			407 4927599 at ()	Telephone Number	
	Name o	f Person	Area Code Daytime	relephone Number	
Enclosed is	a check for t	he 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 ORGANIZATION OF

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Better Life Budget Solutions LLC		SECRETARY OF	
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records ited Liability Company)	TALLAHASSEE FLOR	
The Articles of Organization for this Limited Liability Comp L16000009502 Florida document number	oany were filed on	and assigned	
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 contain the words "Limited I	Liability Company," the designation "LLC"	'or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		The Street Stree	
(Principal office address MUST BE A STREET ADDRESS	5)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	r	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Ag	ent:		
I hereby accept the appointment as registered agent and	agree to act in this capacity. I fur	ther agree to comply with the	

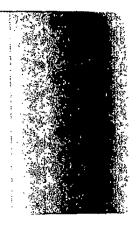
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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

MGR = Manager AMBR = Authorized Member Type of Action Title <u>Address</u> Name 163 SandPebble Circle Jahnae Allen **AMBR** ₽ Add Port Orange, FL 32129 □ Remove _ Change DbA □ □ Remove ☐ Change □ Add ☐ Remove □ Change □ Add □ Remove □ Change _□ Add □ Remove ☐ Change □ Add

man Melle Shill

☐ Remove



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(If an effective date is tis Note: If the date ins	ther than the date of filing: sted, the date must be specific and cannot be prior to date of filing or more than serted in this block does not meet the applicable statutory filing requi- se date on the Department of State's records.	optional) 190 days after filing.) Pursuant to 605.0207 (3)(b) rements, this date will not be listed as the
If the record specific (b) The 90th day a	es a delayed effective date, but not an effective time, after the record is filed.	at 12:01 a.m. on the earlier of:
Dated	anguands of a member or authorized representative of a me	· · · · · · · · · · · · · · · · · · ·
Inger Wai	Typed or printed name of signer	
and a second sec	•	
	Page 3 of 3	

Filing Fee: \$25.00

