## L160000 21763

(Re	questor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	<del></del>	





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J.HARRIS

## **COVER LETTER**

Division of Corpor			
SUBJECT: Better	Believe It b	Holdings LLC ed Liability Sampany	
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
·	Natalie	- Wunter	
		Name of Person	
		Firm/Company	· 
	1451 SW E	3th Avenue	
		Address	
	Deerfield S	Beach, FL 33441 City/State and Zip Code	
	nnw098300	City/State and Zip Code  10 be used for future annual report notifies	
-	E-mail address: (to	be used for future annual report notifica	tion)
For further information conc	erning this matter, please ca	II:	
Netalic Wyn	rson	at (954) 573 - 3 Area Code Daytime T	38   Number
Enclosed is a check for the fi	ollowing amount:		
	\$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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 16, 2016

NATALIE SYNTER 1451 SW 5TH AVENUE DEERFIELD BEACH, FL 33441

SUBJECT: BETTER BELIEVE IT HOLDINGS LLC

Ref. Number: L16000021763

We have received your document for BETTER BELIEVE IT HOLDINGS LLCand your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate if you are adding, removing or changing MGR Natalie Wynter.

47 No changes made in section B. Only business name

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 616A00024625

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Better Believe (Name of the Limite	Holding Holding Compa- (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li Florida document number   LIGODO 2		were filed on <u>2112016</u>	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of Belicucy 2 Investment  The new name must be distinguishable and contain the w	C		the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NJA	
(Principal office address MUST BE A STREET ADDRESS)			<b></b>
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		210	<b>6</b>
Enter new mailing address, if applicable:		INH.	<u> </u>
(Mailing address MAY BE A POST OFFICE	BOX)		GAS
B. If amending the registered agent and/registered agent and/or the new registered of  Name of New Registered Agent:			nter the name of the new
New Registered Office Address:	NA		
The writegistered of the readless.	1201	Enter Florida street address	
		, Florid	
		City	Zip Code
New Registered Agent's Signature, if changing Face I hereby accept the appointment as registered provisions of all statutes relative to the propaction of the propaction of the propaction of the propagation of the propagati	d agent and agreer and complete stered agent as pregistered office change.	performance of my duties, and I provided for in Chapter 605, F.S address, I hereby confirm that th	am familiar with and  Or, if this document is  he limited liability
	If Char	nging Registered Agent, Signature of N	ew Registered Agent

'If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
·			. Add
			Remove
		<u></u>	Change
			□ Add
			☐ Remove
			☐ Change
	<u> </u>	<del></del>	□ Add
	·		☐ Remove
			☐ Change
***************************************			□ Add
			Remove
			□ Change
	·		
			☐ Remove
			Change
			☐ Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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(If an e <b>Note</b>	ctive date, if other than the date of filing:  (optional)  (ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) F  If the date inserted in this block does not meet the applicable statutory filing requirements, this date w ment's effective date on the Department of State's records.	tursuant to 60 ill not be lis	5.0207 (3)(i ted as the
If the ro (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or e 90th day after the record is filed.	n the earl	ier of:
Date	Matala Munts		
	Signature of a member or authorized representative of a member		
	Nettalie Whter Typed or printed name of signee	1	
	typed of printed faint of signed	PH	
	Page 3 of 3	;; (6.5	

Filing Fee: \$25.00