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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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2016 MAR 17 PH 12: 06

K.SALY EXAMINER MAR 22

COVER LETTER

Division of Corp			
SUBJECT:	Better Build	lers 321 LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Quenti	n Walker	
	Botte	Brilders 32 Firm Company	I LLC
		Firm/Company	
	1814 D	ixan Blud	
	_	FL 3297 City/State and Zip Code	7
	Quentin Wa	City/State and Zip Code (Ker A) Reffer	builders 11c. Com
			matta many
ror matter microsauch co	ncerning this matter, please ca	ur.	
Glentin W.	MKer Person	at (HJ4) 93/ Area Code Da	-3685 vinne Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$35.00 Filing Fee & Certified Copy (additional copy is enclosed)	23 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is carclosed)

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

2016 HAR 17 PH 12: 06

Better Brilders 321 LLC PALIABLARY (Name of the Limited Limited Liability Company)	
$^{*\eta\eta\prime}$,	
The Articles of Organization for this Limited Liability Company were filed on $\frac{M \vee U + 2^{0} + 6}{}$ and assigned	
Florida document number <u>LIECCO42644</u>	
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 Limbility Company," the designation "LLC" or the abbreviation "LLC."	
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) B. If amending the registered agent and/or registered office address on our records, enter the name of the mailing the registered agent.	51
registered agent and/or the new registered office address here:	
Name of New Registered Agent: New Registered Office Address: Emer Florida street address:	
Florida	
Cho Zin 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 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 Title Name Type of Action AMBR Quentin Walker 1814 Dixon Bluel prade (Owner) (Oloa, FL 32922 | Remove ☐ Change ☐ Add ☐ Remove ☐ Remove ☐ Change □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change

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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prime. If the date insented in this block does not meet the applic	r to date of filing or more than 90 days after filing.) Possuant to 6 cable statistical filing requirements, this date will not be li
ament's effective date on the Dopartment of State's records).
ecord specifies a delayed effective date, but no	ot an effective time, at 12:01 a.m. on the ear
ne 90th day after the record is filed.	
	,
vi Much 1474 20110	-
od March 14th, 2016	
	Sourced representative of a member

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Filing Fee: \$25.00