10/13/2016

Division of Corporations

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BETTER THAN NEW HOMES, LLC

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S Warren

## **COVER LETTER**

	gistration Se islon of Cor			
arin in Ora	BETTER	THAN NEW HOMES, LLC	;	
SUBJECT:		Name of Limi	ited Liability Company	-
The enclosed	d Articles of A	Aniendment and fee(s) are sub-	mitted for filling.	
Please return	all correspo	ndence concerning this metter	to the following:	
		Cheyenne Moscley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N. Brand Blvd., 11th	h Floor	
			Address	
		Glendale, CA 91203		
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For further i	nformation co	e-mail address: (i oncerning this matter, please of	to be used for future annual report notified.	negrion)
Cheyeone	<u>*</u>		800 773-0888 c	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee &    Certified Copy    (additional copy is enclosed)	CI \$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 THAN NEW HOMES,	LLC			
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appear Liability Company)	s on our records.	<del></del>
The Articles of Organization for this Limited Lia Florida document number L16000174173	ability Company	were filed on 09	/19/2016	and assigned
This amendment is submitted to amend the follo-	wing:			
A. If amending name, enter the new name of	the limited liab	ility company he	ere:	
The new name must be distinguishable and end with the w	ords "Limited Liab	ility Company," the	designation "LLC" or the t	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	10104 Magnol	ia Bend	
(Principal office address MUST BE A STREET	(ADDRESS)	Bonita Springs	s, FL 34135	
Enter new mailing address, if applicable:		10104 Magnol	ia Bend	
(Mailing address MAY BE A POST OFFICE B	8 <i>0X</i> )	Bonita Springs	s, FL 34135	
Name of New Registered Agent:	10104 1/2	Jia D4		
New Registered Office Address:	10104 Magno		ida street address	
	Bonita Spring	; <b>s</b>	, Florida <sup>34</sup>	1135
		City	, , , , , , , , , , , , , , , , , , , ,	Zip Code
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of	l agent and agr r and complete tered ugent as p egistered office change.	ee to act in this of performance of provided for in () address, I hereb	my duties, and I am j Chapter 605, F.S. Or, by confirm that the lin ent, Signature of Now Rs	familiar with and if this document is mited liability mistered Agent
			7	A B 15

MGR≈ Manager

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:

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
·	-		Add
			□ Remove
			D Add
			D Remove
			□ Remove
	**************************************		[2] Add
			[] Remove
			SS T
			PAND STATE
			NTE RIDA

Anne H R	Reece, to the following:
10104 Ma	agnolia Bend, Bonita Springs, FL 34135
<del></del>	
<del> </del>	
(The effective date r	if other than the date of filing: (optional) must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ment is filed by the Florida Department of State)
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Page 3 of 3 Filing Fee: \$25.00 RETARY OF STATE