

L17000085110

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(Address)

(Address)

(City/State/Zip/Phone #)

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17 JUN 20 AM 11:07  
DIVISION OF CORPORATIONS

O. SIMMONS

JUN 22 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BETTER REAL ESTATE SOLUTIONS 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:

**SPIRO CARDARIS**

Name of Person

**BETTER REAL ESTATE SOLUTIONS LLC**

Firm/Company

**303 E WOOLBRIGHT RD SUITE 251**

Address

**BOYNTON BEACH FL 33435**

City/State and Zip Code

**TODDKENIG@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**TODD D KENIG**

Name of Person

at ( **646** )

Area Code

**226-7425**

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 REAL ESTATE SOLUTIONS 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 APRIL 17TH, 2017 and assigned  
Florida document number L17000085110

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 Liability Company," the designation "LLC" or the abbreviation "L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

303 E WOOLBRIGHT RD

SUITE 251

BOYNTON BEACH FL 33435

**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 new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

SPIRO CARDARIS

New Registered Office Address:

303 E WOOLBRIGHT RD

Enter Florida street address

BOYNTON BEACH

Florida

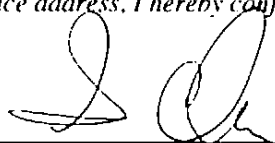
33435

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SPIRO CARDIRAS		<input type="checkbox"/> Add
	( MISSPELLED LAST NAME)		<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SPIRO CARDARIS	303 E WOOLBRIGHT RD BOYNTON BEACH FL 33435	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

DIVISION OF CHILD PROTECTIONS  
 17 JAN 20 AM 11:07

FILED

17 JAN 1964  
DIVISION OF CONSUMER AFFAIRS

FILED  
17 JUN 20 AM 11:07  
DIVISION OF CORRECTIONS

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 13TH, 2017

Typed or printed name of signee