## 117000168571

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800302869518

08/24/17--01012--003 ++25.00

7 AUG 24 PM 1: 02

S. WARREN AUG 2 5 2017

## **COVER LETTER**

	istration Section ision of Corpor	
OUD ID OF		EIMPORT & EXPORT LLC
SUBJECT:		Name of Limited Liability Company
The enclosed	l Articles of Am	nendment and fee(s) are submitted for filing.
Please return	all corresponde	ence concerning this matter to the following:
		MOUDY BESHAI
		Name of Person
		BETTER LIFE IMPORT & EXPORT LLC
		Firm/Company
		7141 REGINA WAY
		Address
		ORLANDO, FL 32819
		City/State and Zip Code
	_	ORLANDOGMCENTER@AOL.COM
		E-mail address: (to be used for future annual report notification)
For further in	nformation conc	terning this matter, please call:
MOUDY B	ESHAI	407 520 8300 at ()
	Name of Pe	erson Area Code Daytime Telephone Number
Enclosed is a	a check for the f	following amount:
\$ .25.00 Fee		□: 30.00 Filing Fee  & Certificate of Status  & Certified Copy (additional copy is enclosed)    S   55.00 Filing Fee   □ \$ 60.00 Filing

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

( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our reco	ords.)	
The Articles of Organization for this Limited Liability Company Torida document number L17000168571  This amendment is submitted to amend the following:		and assigned	
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	7141 REGINA WAY		
Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32819		
Enter new mailing address, if applicable:		7000-	
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
B. If amending the registered agent and/or registered of		rds, enter the name of th	
registered agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ree to act in this capacity. I	further agree to comply w	

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this decument 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 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>	Type of Action
MGR	MOEIN HANNA	7141 REGINA WAY	<b>=</b> Add
		ORLANDO, FL 32819	□ Remove
			Change
<del></del>			
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Al Change
			Addy 1
			Change

			<del></del>
			<del></del>
			<u>-</u>
			_
_		_ <del>_</del>	<del></del>
			<del></del>
			<u>-</u>
_			
<u></u>			<del></del>
_			
_			
	date, if other than the date of filing: (option ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	nal)	
E. Effective	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	filing.) Pursuan	t to 605.0201 be listed as
(If an effective Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this	date will not	
<u>Note:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this t's effective date on the Department of State's records.	date will not	oe noted as
<u>Note:</u> If		date will not	oc nated as
Note: 16 documer  If the reco	t's effective date on the Department of State's records.  The defective date on the Department of State's records.  The defective date on the Department of State's records.		
Note: 16 documer  If the reco	t's effective date on the Department of State's records.		
Note: 16 documer  If the reco (b) The 9	t's effective date on the Department of State's records.  I'd specifies a delayed effective date, but not an effective time, at 12:01 a oth day after the record is filed.		
Note: 16 documents  If the reco	t's effective date on the Department of State's records.  The defective date on the Department of State's records.  The defective date on the Department of State's records.		
Note: 16 documer  If the reco (b) The 9	t's effective date on the Department of State's records.  I'd specifies a delayed effective date, but not an effective time, at 12:01 a oth day after the record is filed.		
Note: 16 documer  If the reco (b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a 0th day after the record is filed.  2017		earlier o
Note: 16 documer  If the reco (b) The 9	t's effective date on the Department of State's records.  I'd specifies a delayed effective date, but not an effective time, at 12:01 a oth day after the record is filed.		earlier o
Note: 16 documer  If the reco (b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a 0th day after the record is filed.  2017		earlier o

Page 3 of 3

Filing Fee: \$ 25.00