## L17000242560

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:	Registration So Division of Cor			•
SUBJE	ForBetter	Living, LLC		· .
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	<u>-</u>	
Please i	eturn all correspo	ondence concerning this matter	to the following:	
		Ryan Scotson		
			Name of Person	<del></del>
		For Better Living, LLC.		
			Firm/Company	<del></del> _
		261 Minorca Beach Way #	801	
		<del></del>	Address	
		New Smyrna Beach, Fl. 32	2169	
		terry.snow(a;outlook.com	Cuy. State and Zip Code	
		E-mail address: (	to be used for future annual report notific	ation1
For furt	her information c	concerning this matter, please c	all:	
Ryan S	cotson		321 297-8960 at()	20221 SEC:
	Name (	of Person		SECRETER 17
Enclose	ed is a check for t	he following amount:		
<b>■</b> \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee., Certificate of Status & Certified Copy (1) (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

For Better Living, 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 11/27/2017 and assigned Florida document number 1.17000242560 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 "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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cin

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ryan Scotson	5560 Shore Court, Orlando, FL 32819	<b>=</b> Add
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			□Change
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Filing Fee: \$25.00