L19000087467

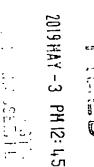
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C GOLDEN MAY 1 5 2019

COVER LETTER

TO:

Registration Section
Division of Corporations

BETTER & BTR LLC

SUBJECT:

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:

PABLO RODRIGUEZ

Name of Person

BEST QUICK TAX RETURNS

Firm/Company

320 S. BUMBY AVE SUITE 10

Address

ORLANDO, FL 32803

City/State and Zip Code

BQITR@MSN.COM

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

For further information concerning this matter, please call:

PABLO RODRIGUEZ

Name of Person

at (407) 896-7921

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

FILED

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BET	αD	1 1	LLU

company has been notified in writing of this change.

2019 HAY - 3 PH 12: 45

(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 US/23	and assigned
Florida document number L19000087467		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
BETTER N BTR LLC		
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
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 of registered agent and/or the new registered office address her		r records, <u>enter the name of the n</u> e
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	treet address
		. Florida Zip Code
		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my o	duties, and I am familiar with and

If Changing Registered Agent. Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address** Type of Action □ Add □ Remove DbA □_ ☐ Remove _____ Remove _□ Add

If amending any other information, enter change(s) here: tAttach additional shoets at macassus
5 .	(additional sheets, if necessar,)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receithe date this document is filed by the Florida Department of State	ipt or filed date and cannot be more than 90 days after
Dated APRIL 15 20	
X	
Signature of a member of	r authorized representative of a member
GEORGE D ALMEIDA	