L19000090817

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TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Divi	sion of Cor	porations					
eup ie ct	BETTER	WORLD OPPORTUNITY, L	LC				
SUBJECT:		WORLD OPPORTUNITY, L Name of Limi	ted Liability Company				
The enclosed	Articles of	Amendment and fee(s) are sub-	nitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		DIUNED CORZO FRANCO					
		BETTER WORLD OPPO	Name of Person RTUNITY, LLC				
	Firm-Company 950 WEST 3RD AVE APT 16						
	Address HIALEAH / FLORIDA 33010						
		betterworldopportunity@gn		<u> </u>			
For further in	formation c	E-mail address: (i	to be used for future annual report notifulation.	ication)			
D	OIUNED CO	DRZO FRANCO	786 419-5634				
	Name o	f Person	at () Area Code Daytime	: Telephone Number			
Enclosed is a	check for th	ne following amount:					
■ \$25.00 Fi	iling 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)			
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	n			

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BETTER WORLD OPPORTUNITY, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our recor ited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number L19000090817	any were filed on 04/02/2019	and assigned
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 I.	nability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		200
Principal office address MUST BE A STREET ADDRESS	5/	2000 FEB
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		0 AM 9: 55
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address		ds, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	, F	lorida
	c iii	zap Cour

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>	Address	Type of Action
AMBR	DIUNED CORZO FRANCO	950 WEST 3RD AVE APT 16 HIALEAH, FL 33010	= Add
			☐ Remove
			☐ Change
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ective date.	if other than the dat	e of filing:	of filing or more than 90 days after filing) D
te: If the da	te inserted in this block	does not meet the applicable st tment of State's records.	atutory filing requirements, this date	will not be listed
			effective time, at 12:01 a.m.	on the earlier
ne 90th 0	ay after the record	is nied.		
and .	JANUARY 7	2020		
<u> </u>		- Tanks		
		()	representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00