

L19000 134 409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

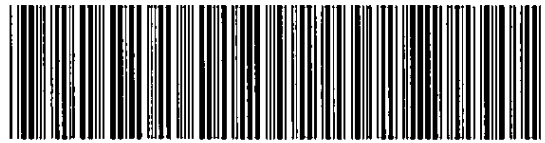
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2019 JUL 17 PM 6:24

FILED

C GOLDEN

JUL 17 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BETTER HOMES IN/EXTERIORS
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:

TY RICHARD CARR
Name of Person

BETTER HOMES W/EXTERIORS
Firm/Company

15 GROVE PARK LAKE
Address

EAGLELAKE FL 33839
City/State and Zip Code

TYR.PAT.CARR@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TY CARR at 863 206-2334
Name of Person Area Code 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2019

TY RICHARD CARR
15 GROVE PARK LANE
EAGLELAKE, FL 33839

SUBJECT: BETTER HOMES IN/EXTERIORS LIMITED LIABILITY COMPANY
Ref. Number: L19000134409

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The current name of the entity is as referenced above. Please correct your document accordingly.

If you are changing the name, please enter the new name of the limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 619A00012875

2019 JUL 17 AM 9:46

RECEIVED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BETTER HOMES INTERIORS LIMITED LIABILITY COMPANY
(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 MAY 12, 2019 and assigned Florida document number L19000134409.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~BETTER HOMES INTERIORS LIMITED LIABILITY COMPANY~~
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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)

2019 JUN 17 PM 6:24
FILED

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

Florida

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

Title Name Address Type of Action

MGR TY CARR 15 GROVE PARK LANE Add
EAGLE LAKE FL Remove
33839 _____ Change

AMBR TY CARR 15 GROVE PARK LANE Add
EAGLE LAKE FL Remove
33839 _____ Change

_____ _____ _____ Add
_____ Remove

_____ Change

_____ Add

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_____ Add

_____ Remove

_____ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

JUST WANTED TO ADD MYSELF AS AUTHORIZED USER.

WENT TO OPEN BANK ACCOUNT AND THERE WAS NOBODY LISTED AS AUTHORIZED USER!

E. Effective date, if other than the date of filing: JULY 6, 2019 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JULY - 06 2019
7-06-2019

J. K. Carr

Signature of a member or authorized representative of a member

J. TY R. CARR

Typed or printed name of signee