L20 000107049

(Re	questor's Name)	
(Ad	dress)	
	dress)	
lva	ui <i>e33)</i>	
(Cît	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Nar	ne)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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2020 NOV 19 PM 4: 15

JA. 12/22/20

SUBJECT:	Retter Home	Buyers LLC		
		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
		_		
Please return all correspo	ondence concerning this matter	to the following:		
	A	Name of Person		
		Better Home Buy	.e/s 11.6	
		Firm/Company	<i>ya. co-</i>	
	/433	BO Beach Blud St Address	N₂ 33	
			20150	
		City/State and Zip Code	1 2 6 3 0	
	Ë-mail address: (tine Obhboffers.co	report notification)	
For further information c	oncerning this matter, please c	all:		
Austin 1	2ice	at (904)	557-1762	
Name o	f Person	Area Code	Daytime Teleph-	one Number
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addres		Street A		
Registration S Division of C			ation Section n of Corporatio	ons
P.O. Box 632			ntre of Tallaha	
Tallahassee, I	FL 32314	2410 N	. Monroe Stree	i, Suite 810

Tallahassee, FL 32303

Registration Section Division of Corporations

TO:

TO ARTICLES OF ORGANIZATION OF

Better Home	Buyers	LLC		
(<u>Name of the Limited Liability</u> (A Florida)	Company as it i Limited Liability	iow appea Company)	ers on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were fi	led on	4/20/2020	and assign-
Florida document number L 20006107049	_•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability co	<u>mpany h</u>	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limit	ed Liability Com	pany," the o	designation "LLC" or the ab	breviation "L.L.C.
Enter new principal offices address, if applicable:				2020
(Principal office address MUST BE A STREET ADDRE	<u></u>	- -		
		_	<u> </u>	;;; <u> </u>
				C PR (II
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
B. If amending the registered agent and/or registered	office address	onour	records, <u>enter the nam</u>	e of the new re
agent and/or the new registered office address here:				
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:				
		Enter Flo	orida street address	
			, Florida	
New Registered Agent's Signature, if changing Registered	City	1		Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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.

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
AMBR	Michael Fernandez	201 Snythe St apt 117	□Add
		Greenville, SC 29611	🗹 Remov
			□Change
			□Add
			□Removc
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
	.		🗇 Add
			□Remove
			□Change

. If amen	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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-	
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_	
_	
(If an effective Note: I	re date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day at d.
Dated _	November 17 2000
	Signature of a member or authorized representative of a member
	Austin Race Typed or printed name of signee