L20000 144515

(Danisah Ja Marra)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only State Elph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(=====================================

(Document Number)
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COVER LETTER

	istration Se ision of Cor				
SUBJECT:	BETTER M	IANAGEMENT GROUP LLO	0		
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		LEYLA MARTORELLA			
			Name of Person		
		BETTER MANAGEMEN	T GROUP LL.C		
			Firm/Company		
12485 SW 137 AVE. SUITE 210					
			Address		
		MIAMI, FL 33186			
			City/State and Zip Code	<u></u>	
		LEYLA@SOUTHFLORID			
			to be used for future annual report notification	n)	20
For further in	formation co	oncerning this matter, please c	all:		
LEYLA MAI	RTORELLA		305 562-2106 at ()		F (2)
	Name of	Person		phone Number	之 三 二 元 元
Enclosed is a	check for the	e following amount:			15 円 5 円 5 円 5 円 5 円 5 円 5 円 5 円 5 円 5 円
■ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en	itus &

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

BETTER GROUP MANAGEMENT LLC	
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed (on <u>5/27/2020</u> and assigned
Florida document number L20000144515	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	nny here:
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)	
	
	20.5
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	27 (A)
3. If amending the registered agent and/or registered office address on a	our records, enter the name of the new register
gent and/or the new registered office address here:	· カーンファ
Name of New Registered Agent:	
New Registered Office Address:	
Ente	er Florida street address
	Florida

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.

Cin

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Change
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			□ Remove
			Channa

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DIANETTYS	OPEZ FRO	M: VP TO: AMBR			
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it the date inser	l, the date must be s ted in this block o	specific and cannot be pr	dicable statutory filir	(option or than 90 days after a requirements, this	onal) filing.) Pursuant to 605.02 date will not be listed a
cord specifies a dela s filed.	yed effective dat	e, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)) The 90th day after th
ed June 10			 ·		