## h21000527554

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## **COVER LETTER**

10:	Division of Corpo			
SUBJE		R LIVING, LL	ç · · · · ·	•
JOBSE	C1		Name of Limited Liability Company	•
The enc	losed Articles of A	mendment and	fee(s) are submitted for filing.	
Please re	eturn all correspond	dence concerni	ng this matter to the following:	
		SHARLENE	E. EDWARDS	
			Name of Person	
			Firm/Company	
		200 2ND AV	VE SOUTH #711	
			Address	
		ST. PETERS	BURG, FL 33701	
		MYRETTER	City/State and Zip Code LIVINGLLC@GMAIL.COM	
			mail address: (to be used for future annual report notification)	
For furth	ner information con	cerning this m	atter, please call:	
SHARL	ENE E. EDWARD		727 290-8958 at ()	
	Name of F	erson	Area Code Daytime Telephone Number	
Enclosed	d is a check for the	following amo	punt:	
□ \$25.	.00 Filing Fee	■ \$30.00 Fili Certificat	ing Fee & S55.00 Filing Fee & S60.00 Filin te of Status Certified Copy Certificate of (additional copy is enclosed)  (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	of Status &
	Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	rporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	ı

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY BETTER LIVING, LLC

(Name of th	ie Limited Liability Compan (A Florida Limited Li	iy as it now appears on our reco lability Company)	ords.)
The Articles of Organization for this Lim Florida document number L21000527554		were filed on	and assigned
This amendment is submitted to amend the			
A. If amending name, enter the new n	ame of the limited liabil	lity company here:	
MY BETTER LIVING HEALTH AND WE	ELLNESS CONSULTING	, LLC	
The new name must be distinguishable and conta	in the words "Limited Liabili	ty Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if	applicable:	2510 27TH STREET SOUT	Н
(Principal office address MUST BE A S		ST. PETERSBURG, FL 337	712
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicab	ile:	200 2ND AVE SOUTH #71	1
(Mailing address MAY BE A POST OF		ST. PETERSBURG, FL 337	701
B. If amending the registered agent an agent and/or the new registered office and agent and/or the new registered office and agent Name of New Registered Agent New Registered Office Address	address here:	ddress on our records, <u>ent</u> Enter Florida street add	
			Florida
		City	Zip Code
New Registered Agent's Signature, if char	_		
I hereby accept the appointment as reg provisions of all statutes relative to the			

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed	g Authorized Person(s) authorize from our records:	zed to manage, enter the title, name, an	d address of each person being added
MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		<del></del>	□Add
		<del></del>	□Remove
			□ Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
		<del> </del>	Remove
			Change
<del></del>			□ Add
			□ Remove
			Change
			□Add
			□Remove

If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
	oust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (2 block does not meet the applicable statutory filing requirements, this date will not be listed as the
ne record specifies a delayed effect ord is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated OCTOBER 4	, 2022
	Juliu & Edward
Sharlene E. Edwards	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00