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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

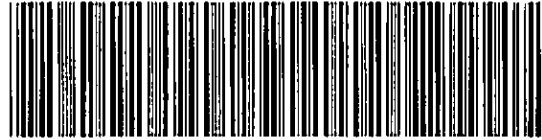
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JAN - 9 2023

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SECRETARY OF STATE
DEPARTMENT OF CORPORATION
2022 OCT 12 PM 2:35

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: MY BETTER LIVING, LLC

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:

SHARLENE E. EDWARDS

Name of Person

Firm/Company

200 2ND AVE SOUTH #711

Address

ST. PETERSBURG, FL 33701

City/State and Zip Code

MYBETTERLIVINGLLC@GMAIL.COM

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARLENE E. EDWARDS

at (727) 290-8958

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

