

h22000279390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

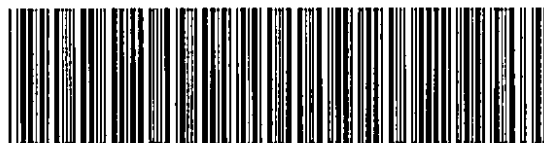
Certificates of Status _____

Special Instructions to Filing Officer:

SEP 28 2022

A. LUNT

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07-12-2022 10:07:00-011 *\$25.00

2022 JUL 12 AM 11:27
DIVISION OF CORPORATIONS
STATE OF CONNECTICUT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BETTES CREDIT BETTES LIFE, 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:

Rita L. Carey

Name of Person

Bettes Credit Bettes Life, L.L.C

Firm/Company

2268 Kingerests Circle

Address

Apoka, Florida 32712

City/State and Zip Code

bcblerrepair@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rita L. Carey

407 879-5042

Name of Person

at ()
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BETTES CREDIT BETTES LIFE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 JUL 12 PM 11:27
SECTION 605
FIDELITY & SWEENEY
INCORPORATED

The Articles of Organization for this Limited Liability Company were filed on May 27, 2022 and assigned
Florida document number L22000279390.

This amendment is submitted to amend the following:

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

BETTER CREDIT BETTER LIFE, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

same as before

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

same as before

(Mailing address MAY BE A POST OFFICE BOX)

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

[illegible]

