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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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COVER LETTER

| Div | ision of Corp | orations | | |
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| CHD IFCT. | The Divorce | | | |
| SUBJECT: | <u></u> | Name of Lim | ited Liability Company | |
| | | | | |
| The enclosed | l Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspon | dence concerning this matter | to the following: | |
| | | Kristan Hamil | | |
| | | | Name of Person | |
| | | Divorce Guide, LLC | | |
| | | | Firm/Company | |
| 561 Casey Key Road | | | | |
| | | _ | Address | |
| | | Nokomis, FL 34274 | | |
| | | | | |
| | | kristan@betterlifeprogram. | | |
| | | | to be used for future annual report notification) | |
| For further in | nformation cor | ncerning this matter, please co | all: | |
| Kristan Han | nill | | 941 735-1314 | |
| | Name of I | ^p erson | at () Area Code Daytime Telephor | 72 |
| Enclosed is a | s check for the | following amount: | | |
| ■ \$25.00 F | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy | S60.00 Filing Fee. Certificate of Status & D Certified Copy (additional copy is enclosed) |
| | | | | |

TO:

Registration Section

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

| The Divorce Guide, LLC | | |
|---|--|--------------------------------|
| (Name of the Limited Liability Co (A Florida Limi | mpany as it now appears on our recorded Liability Company) | <u>s.</u>) |
| The Articles of Organization for this Limited Liability Compa | any were filed on 7/8/22 | and assigned |
| Florida document number 1.22000305912 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | iability company here: | |
| Better Life Program, LLC | | |
| The new name must be distinguishable and contain the words "Limited L | iability 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 | 2 | |
| | | |
| | | SE 38 |
| Enter new mailing address, if applicable: | | APR 11 |
| (Mailing address MAY BE A POST OFFICE BOX) | | 27 7 7 |
| Huming dudress harri BETT OBT OTTION DOIS | | |
| | | Men of |
| B. If amending the registered agent and/or registered offi | ice address on our records, <u>enter</u> | |
| agent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addres | s |
| | . Flo | orida |
| | 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 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> | <u>Name</u> | Address | Type of Action |
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| fective date, if other then effective date is listed, the ote: If the date inserted in cument's effective date o | date must be specific this block does r | and cannot be print of meet the appl | icable statutory | or more than 90 do tiling requireme | (optional) ws after filing.) P nts, this date wi | ursuant to 605.0207 Il not be listed as |
| ecord specifies a delayed is filed. | effective date, but | not an effective | time, at 12:01 a | i.m. on the earlie | r of: (b) The 9 | Oth day after the |
| February 9 | | 2025 | | | | |
| | the to | tt. 11 | • | | | |
| | Signature | a member or au | thorized represent | ative of a member | - | |
| | / / | | | | | |

Filing Fee: \$25.00