

L230000096359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

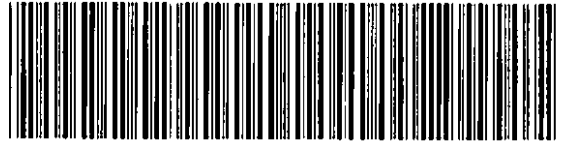
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Better Choice Home Health LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brandon Greiner

Name of Person

Better Choice Home Health LLC

Firm/Company

2880 10th Ave SE

Address

Naples, Florida 34117

City/State and Zip Code

brandon.greiner@betterchoicehh.com

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

For further information concerning this matter, please call:

Brandon Griener

239

302-8542

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☒ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Better Choice Home Health LLC

SECOND: The Florida Document number of the limited liability company is: L23000096359

THIRD: Document to be corrected is: Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

1. The principle address and mail address of the LLC needs to be 4522 Executive Drive STE 102, Naples, FL 34119

2. Additional Owners need to be added to the document to make a total of 4 Owners, see Exhibit A

Owners are: Brandon Greiner 56%, Brian Bowers 24%, Jerry Chen 10%, Kelly Kinsland 10%

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

☐ The electronic transmission of the record was defective.

Brandon Greiner 8/22/23
Signature of Authorized Representative Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

Exhibit A
BETTER CHOICE HOME HEALTH LLC

Member Interests Expressed as Percentage Interests and Capital Contributions

<u>Name and Address</u>	<u>Percentage Interest</u>	<u>Capital Contributions</u>
Brandon Greiner 2880 10 th Avenue SE Naples FL 34117	56.00%	\$100,000.00
Brian Bowers 2247 Grove Drive Naples FL 34120	24.00%	\$50,000.00
Jerry Chen 2627 SW 5 th Street Cape Coral, FL 33991	10.00%	\$20,000.00
Kelly Kinsland 3225 Cypress Glen Way Apt 109 Naples FL 34109	10.00%	\$20,000.00