

L23000436154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

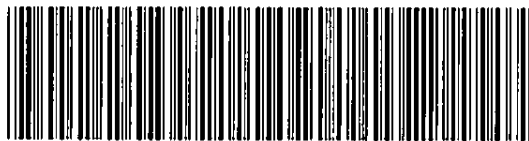
(Document Number)

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Certificates of Status \_\_\_\_\_

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Office Use Only



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10/16/23--01003--008 \*\*25.00

FILED

2023 OCT 17 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2023 OCT 16 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

**SUBJECT:** NOW BETTER 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:**

MAX ADAMS

Name of Person

THE MEDI LAW FIRM

Firm/Company

4929 SW 74TH CT

### Address

MIAMI FL 33155

City/State and Zip Code

EVELYN@THEMEDILAWFIRM.COM

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

For further information concerning this matter, please call:

MAX ADAMS	305	444-3484
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

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** BROOK 10/16

**CERTIFIED COPY**

**XX PHOTOCOPY**

**GS**

**XX FILING**

**LLC AMEND**

**1. NOW BETTER LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**



Corrected

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 17, 2023

CORPORATE ACCESS, INC.

SUBJECT: NOW BETTER, LLC.  
Ref. Number: L23000436154

We have received your document for NOW BETTER, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Manager that is being removed the name is not complete.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 223A00024025

RECEIVED  
2023 OCT 17 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2023 OCT 17 AM 8: 25

NOW BETTER LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/19/2023 and assigned  
Florida document number L23000436154.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(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

City, Florida 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MOVING FORWARD INVESTMENTS LLC	30 N GOULD STREET STE R	<input type="checkbox"/> Add
		SHERIDAN, WY 82801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LESLIE A. JUARBE	6061 SW 13TH ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FELIPE RODRIGUEZ	6061 SW 13TH ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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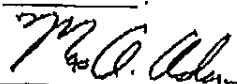
2023 OCT 17 AM 8:25  
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 13, 2023



\_\_\_\_\_  
Signature of a member or authorized representative of a member

MAX ADAMS AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
Typed or printed name of signer

Filing Fee: \$25.00