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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: A	BETTER PL	LACE LIKE HOME LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Kennet	HE. Davis Jr. Name of Person		
	A BeHerf	Place Like Home LLG &	7001 NUS 12	
		* ***	25	
	17809 Cr	Canbrook Dr.	12	
		Address	-0	
	Lut2	F. 33549 City/State and Zip Code		
		City/State and Zip Code		
		MWILL 13 @ AOL. COM		
		to be used for future annual report notification)		
	oncerning this matter, please c			
Cathy M.	Nilliams	at (8/3) 370-2788 Area Code Daytime Telephone Number		
Name of	Person	Area Code Daytime Telephone Number		
	a.u. <i>t</i>			
Enclosed is a check for th	•	_		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enc		
Mailing Address	<u>s:</u>	Street Address:		
Registration S	Section	Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, F		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Better Place K (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Plorida document number <u>L24000216970</u>	were filed on $\frac{5/9/24}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here: Ma
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	- Mu change
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	no Change
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	no change
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.

Mo Chang

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 = Ma AMBR = Au	anager uthorized Member ${\cal O}$	Mly 15-	f name chai one owner	1500
<u>Title</u>	Name	Address	one owner	Type of Action
<u>P.D.</u>	Jireh B. Paulk		/w	□Add
	s/bean "e"		mo Change	⊡Remove
	Jireh B. Paulk S/bean'e" nota'c"			Change ST
		· · · · · · · · · · · · · · · · · · ·		□Add
				□Remove
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				□Change
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				□Add
				Remove
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				⊐Add
				□Remove
				□ Chongo

all we are doing is c	correcting
All we are doing is a the spelling of the fi of one of the owner	rst name
wrong: Tirch	
Correct: Jireh	SECRETALIS 12

S/be JIREH!

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 8/3 2024.

Signature of a member or authorized representative of a member

Kenneth E. Davis JR.