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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Strive For Better CC  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:	
Jatra Mejia Tojeda Name of Person	
Strive For Better UC Firm/Company	
2436 Se 15th St Address	
HoneStead FL 33035 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jahra Mejla Tejeda at 7/8 415-8053  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	tus &

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

Sty'ul For Bette (Name of the Limited Liability Co	mpany as it now appears on our records.) ted Liability Company)			
The Articles of Organization for this Limited Liability Comp.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company here:			
Strive 4 Better 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:	941 W Palm Dr = -			
(Principal office address MUST BE A STREET ADDRESS	HomeStrad, FL 33034			
	7 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
	1 Section 1			
Enter new mailing address, if applicable:	2436 Se 15755t3			
(Mailing address MAY BE A POST OFFICE BOX)	Homestead, Fl 33035			
	<u> </u>			
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered			
	,			
Name of New Registered Agent:	NIA			
New Registered Office Address:	941 W AIM IX			
New Registered Office Address.	Enter Florida street address			
$\ell$	tomestood Florida 33034			
	City Zap Code			
New Registered Agent's Signature, if changing Registered Age	ent:			
provisions of all statutes relative to the proper and compl	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address, I hereby confirm that the limited liability			

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>	Address	Type of Action
NIA	Nla	NIA	□Add
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) $N \mid \Delta$
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If an eff Note:	ive date, if other than the date of filing:  OCT 15 JOY (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e recor	d 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 led.
	6C+ 15, 3004.
Dated	<u> </u>

END - Philip PAR NO.