

N21 000000 7338

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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800378638028

*Amended*

01/03/22--01027--010 \*\*52.50

2022 JAN -3 AM 10:10  
FEB 11 2022

FILED

A. RAMSEY  
FEB 11 2022

\*00789, 01092, 04135, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 25, 2022

WANDA GILLYARD  
BETTER WAY TO GLEANING  
9926 142ND STREET  
LIVE OAK, FL 32060 US

SUBJECT: BETTER WAY TO GLEANING INC  
Ref. Number: N21000007338

We have received your document for BETTER WAY TO GLEANING INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey  
OPS

Letter Number: 422A00001919

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: BETTER WAY TO GEANING

DOCUMENT NUMBER: N21000007338

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WANDA GILLYARD

(Name of Contact Person)

BETTER WAY TO GLEANING

(Firm/ Company)

9926 142ND STREET

(Address)

LIVE OAK, FLORIDA 32060

(City/ State and Zip Code)

LADYG113@YAHOO.COM

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

For further information concerning this matter, please call:

WANDA GILLYARD 386 688-9530  
(Name of Contact Person) at (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|---|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

BETTER WAY TO GLEANING *Inc*

(Name of Corporation as currently filed with the Florida Dept. of State)

N21000007338

(Document Number of Corporation (if known))

FILED

2022 JAN -3 AM 10:10

STATE OF FLORIDA  
DEPT. OF STATE

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

N/A

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

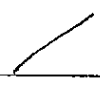
Florida

N/A

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

  
\_\_\_\_\_  
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>P</u>	<u>GILLIARD, JAMES</u>	<u>9926 142ND ST</u> <u>LIVE OAK, FL 32060</u>
2) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>V</u>	<u>GILLYARD, WANDA</u>	<u>9926 142ND STREET</u> <u>LIVE OAK, FL. 32060</u>
3) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>CEO</u>	<u>REED, DOMINIQUE</u>	<u>10708 150TH STREET</u> <u>McALPIN, FL. 32060</u>
4) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>CFO</u>	<u>GAY, DANIELLE</u>	<u>6889 153RD</u> <u>LIVE OAK, 32060</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>T</u>	<u>HENDERSON, IESHIA</u>	<u>13819 93RD</u> <u>LIVE OAK, FL 32060</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>S</u>	<u>BEAUFORD, TIFFANY</u>	<u>640 WASHINGTON AVE. SW</u> <u>LIVE OAK, FL 32060</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

THE FOLLOWING CHANGES ARE TO BE MADE. GILLIARD, JAMES WILL BE PRESIDENT..... GILLYARD, WAN  
WILL BE CHANGED TO VICE PRESIDENT.... REED, DOMINIQUE CHANGED TO CEO.... GAY DANIELLE CHANC  
TO CFO ALL ADDRESS'S HAVE BEEN CHANGED AND UPDATED. THANKS

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 11/03/202

Signature Wanda Gillyard  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator-if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

GILLYARD, WANDA

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)