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(City	//State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

NAME OF CORPORATION:	y Better, Inc.
DOCUMENT NUMBER:PIC	1000073895
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mate	ter to the following:
<u></u>	Name of Contact Person  AU Better, Inc.
420	Firm/ Company
Wir	Her Haven, Fl. 33860
	City/ State and Zip Code
	John John John John John John John John
For further information concerning this matter, pleas	e call:
Walter J. Mutt Name of Contact Person	at ( <u>863)</u> <u>594 - 8038</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	
\$35 Filing Fee Certificate of Status	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy (Additional copy is enclosed) □S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to

## Articles of Incorporation

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to

Way Be-	Her INOC 23	::: -
(Name of Corporation as currently	filed with the Florida Dept. of Stat	<u>6</u> 97 8: 50
P19000	073895	
(Document Number of C	Corporation (if known)	<u> </u>
·	·	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	lorida Profit Corporation adopts the	following amendment(s
A. If amending name, enter the new name of the corporation:		
	N/A	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	o". A professional corporation nar	or the abbreviation
B. Enter new principal office address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
(planing dadress pixt bl x 1 031 01 i ich box)		<del></del>
		<del></del>
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	!
new registered agent and/or the new registered office address:		
Name of New Registered Agent //A		
(Florida stree	et address)	<del></del>
	191 - Julia	
New Registered Office Address:	Florida <i>City)</i>	(Zip Code)
	• ,	·
New Registered Agent's Signature, if changing Registered Agent:		
Thereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the p	position.
C' . CH D	order and America IC observation	
Signature of New Re	gistered 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)

Remove

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.

Mike Jones, V as Removi	e, and Sa	lly Smith	i, SV as an Add.	
Example: XChange	<u>PT</u>	John I	Doe	
X Remove	<u>V</u>	Mike .	<u>Jones</u>	
X Add	<u>sv</u>	Sally:	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	PAR	T	Holland, Britlang j	
Add Remove				Winter Haven F1. 33880
2) Change				
Add				
Remove				
3 ) Change				
Add				
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4) Change				
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6) Change				
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nrovides for an e	xchange, reclassi	fication, or ca	ncellation of is:	sued shares,	
plementing the a	mendment if not	contained in t	the amendment	itself:	
able, indicate N/A	)				
	NA				
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	plementing the a	plementing the amendment if not able, indicate N/A)	plementing the amendment if not contained in table, indicate N/A)	plementing the amendment if not contained in the amendment able, indicate N/A)	

The date of each amendment(s) adoption: $10-11-19$ , if other than the
late this document was signed.
Effective date if applicable: 10-11-19  (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
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.
Adoption of Amendment(s) (CHECK ONE)
I the amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"  (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 10-11-19
Dated $0-11-19$ Signature $MAHV$ $MM$
(By a director, president or other officer - if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
CEO - Owner
(Title of person signing)