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B. BOSTICK
DEC 2 0 2011
EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Realy Set Wel 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:	
Jason Raceling Name of Person	
Firm/Company	
807 East Palmetto park Rd Address	
Boca Raton, FL, 32453 33432	
Boca Raton FL 32453 33432 City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future assural report notification)	184.
For further information concerning this matter, please call:	\$12.00 \$12.00
ELA Raveling at (954) 366-5652 Name of Person at (954) 366-5652 Area Code & Daytime Telephone Number	rauso J
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{S25.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}}} \$\text{\$\te	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ready Set Wed	LLC				
Kealy Set Wed (Name of the Limited (A	Florida Limited Li	iability Company)	on our records.)		
The Articles of Organization for this Limited Lia	ability Company			O and assig	ned
Florida document number <u>L 10000 io</u>	1206				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here	:		
The new name must be distinguishable and end with L.L.C."	the words "Limit	ed Liability Compan	y," the designation	"LLC" or the abb	previation
Enter new principal offices address, if applica	ıble:			••	
Principal office address MUST BE A STREE	T ADDRESS)				
				<u> </u>	
				050	4014 21
Enter new mailing address, if applicable:			•	(**)	. er 22 3
Mailing address MAY BE A POST OFFICE I	<u>30X)</u>			<u> </u>	
		-			ू ; चक्राम
3. If amending the registered agent and/o	r registered offi	ice address on ou	ır records, <u>enter</u>	코즈 급	the new
			_		
Name of New Registered Agent:	Stepha	nie g Oaks Ente	osco_		
New Registered Office Address:	3850.	Daks	ClubHou	se dri	e
	0	Ente	r Florida street aa	ldress	
	tompano	Ente Beach City	, Florida _	33069	
		City		zip Coae	

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 608, 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.

f Changing Registered Agent, Signature of New Registered Agen

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
n <u>6</u> RM	ELA Raveling	921 NE 215t Ave pompano Beach, FC 33062	Add Add Add
 			Add Remove
			Add Remove
			Add Remove
			Add Remove
^^			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)
<u></u>			10E0 16 PHZ:
Dated	Sla Ra	melina -	- 5
	Signature of a member	er or authonized representative of a member	

Page 2 of 2

Filing Fee: \$25.00