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ALL ANDREAS CO.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Readers Resource Solutions 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:
Christian Lebron Name of Person
Leaders Lesource Solutions LLC Firm/Company
10360 SW 186 St #972311 Address
Miani FL 33197
City/State and Zip Code Readers Solutions @ yakoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christian Lebron at () Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

Keades Resource Solutions LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 8.5.2014 Florida document number 12 0000 95889.	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here:	er the name of the new
Name of New Registered Agent: Robert Zayas	320
<i>γ</i> • • • • • • • • • • • • • • • • • • •	C. C.
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 a provisions of all statutes relative to the proper and complete performance of my duties, and I an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Cheing filed to merely reflect a change in the registered office address, I hereby confirm that the company has been notified in writing of this change. If Changing Heistered Sent, Signature of New	n familiar with and Or, if this document is limited liability

Page 1 of 3

2	
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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member	•	
<u>Title</u>	Name	Address	Type of Action
	Robert Zayas	17325 Homestead Ava	A Add
	·	17325 Homestead Ava Miani FL 33157	□ Remove
			Add
			Remove
			·
, 			Add
			□ Remove
			□ Add
			☐ Remove
		<u></u>	
·			Add
		<u> </u>	☐ Remove
			 □ Add
			Remove

If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective	date, if other than the date of filing:
	s document is filed by the Florida Department of State)
Dated	8.5.2014
Dated	
	Chiefs John
	Signature of a member or authorized representative of a member
	Christian Lebron
	Typed or printed name of signee

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Filing Fee: \$25.00