L17000039963

(Requestor's Name)
(Address)

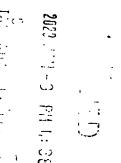
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special moderation to 1 mily Smeet.

Office Use Only



500399788825

01/09/23--01017--009 **25.00







COVER LETTER

TO:

Registration Section

Division of Co	orporations			
	storation LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	William MacBride			
		Name of Person		
	Ready Retoration LLC			
		Firm/Company		
	675 Breakers St			20 5 ≤
		Address		
	Watersound, FL 32461			
		City/State and Zip Code		
	Bill@MacBridenet.com	to be used for future annual report not	545 - 145 - 14	
For further information (n-mail address: (concerning this matter, please c		шеаноп)	£ 8
Bill MacBride		850 543-3458		
Name o	of Person	at () Area Code Daytin	ne Felephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addre		Street Address:	etion	
Registration Division of C		Registration Se Division of Co		
P.O. Box 631	27	The Centre of I	Fallahassee	
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 8	10

Talfahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny a <u>s it now appears on our record</u> liability Company)	<u>)</u>
were filed on 02/20/2017	and assigned
ility company here:	
lity Company," the designation "LLC"	" or the abbreviation "L.L.C."
	Marra
	23 623
,	
	*
	÷ 0 .
	<u> </u>
	<u>,, </u>
address on our records, <u>enter</u>	the name of the new register
	
Enter Florida street addres.	N .
rı.	
	o rida Zip Code
	ility Company 02/20/2017 were filed on 02/20/2017 ility Company here: lity Company the designation "LLC" address on our records, enter Enter Florida street address Florida street ad

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 605, 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.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jason Daigle	127 Covewood Way Unit 120	■Add
		Santa Rosa Beach, FI, 32459	☐Remove
			□Change
			□Add
			□Remove
			Thange C3
			☐Âdd
			ƏChange
			□Add □Remove
			⊡Change
			
			□Remove
			☐Change
			□Add
			□Remove
			70

	••		
			
-			
	,		
		: 	
			<u> </u>
			· ————
		五	
			င္မ
ective date, if other than the confective date is listed, the date must te: If the date inserted in this blocument's effective date on the Deput	be specific and cannot be prior to date of filing o ck does not meet the applicable statutory fi	(optional) or more than 90 days after filing.) Po- illing requirements, this date wi	ursuant to 605,020' Il not be listed as
cord specifies a delayed effective s filed.	date, but not an effective time, at 12:01 a.t	m, on the earlier of: (b) The 9	0th day after the
ed December 30	2022		
	Win m. Mass. Sr		
	Win W. Made 31.		

Filing Fee: \$25.00