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DIVISION OF CORPORATIONS

O SIMMONS

SEP 25 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRIAL READY INVESTIGATIONS, 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:

Davidson Anestal

Name of Person

TRIAL READY INVESTIGATIONS, LLC

Firm/Company

PO Box 3531

Address

Orlando, FL 32802

City/State and Zip Code

Davidson.anestal@gmail.com

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

For further information concerning this matter, please call:

Davidson Anestal

407 242-7082
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Dwight Walton	9024 Summit Centre Way	<input checked="" type="checkbox"/> Add
		Apt. 208 Orlando, FL 32810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Latravia Smith	PO Box 3531	<input checked="" type="checkbox"/> Add
		Orlando, FL 32802	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Davidson Anestal	PO Box 3531	<input type="checkbox"/> Add
		Orlando, FL 32802	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 9 / 19 / 17, 2017

Signature of a member or authorized representative of a member

Davidson Anetal

Typed or printed name of signee