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| (Red                      | questor's Name)   |              |
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| PICK-UP                   | ☐ WAIT            | MAIL MAIL    |
| (Bus                      | siness Entity Nar | me)          |
| (Doc                      | cument Number)    | <del> </del> |
| Certified Copies          | Certificate       | s of Status  |
| Special Instructions to I | Filing Officer:   |              |
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O SIMMONS SEP 25 2017

## **COVER LETTER**

| TO: Registration Se<br>Division of Con |   |   |  |
|--|---|---|--|
| TRIAL RE                               | EADY INVESTIGATIONS, LL                         | .c  |  |
| SUBJECT:                               | Name of Lim                                     | ited Liability Company  |  |
| The enclosed Articles of               | Amendment and fee(s) are sub                    | mitted for filing.  |  |
| Please return all correspo             | ondence concerning this matter                  | to the following:   |  |
|  | Davidson Anestal                                |   |  |
|  |   | Name of Person  |  |
|  | TRIAL READY INVEST                              | GATIONS, LLC  |  |
|  |   | Firm/Company  |  |
|  | PO Box 3531                                     |   |  |
|  |   | Address   | <del></del>  |
|  | Orlando, FL 32802                               |   |  |
|  |   | City/State and Zip Code   |  |
|  | Davidson.anestal@gmail.co                       |   |  |
|  |   | to be used for future annual report notif                           | ication)   |
| For further information c              | concerning this matter, please ca               | all:  |  |
| Davidson Anestal                       |   | 407 242-7082<br>at ( )  |  |
| Name o                                 | of Person                                       |   | Telephone Number   |
|  |   | •   | DEWS ON Filing Fee, St. 22   |
| Enclosed is a check for the            | he following amount:                            |   | SEP SEP  |
| ■ \$25.00 Filing Fee                   | □ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Securificate of Status: & Certificate 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**

| TRIAL READY INVESTIGATIONS, LLC  |  |
|--|--|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited I   | ny as it now appears on our records.)  Liability Company)  |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L17000103554</u> .          | were filed on and assigned   |
|  |  |
| This amendment is submitted to amend the following:  | Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  or this Limited Liability Company were filed on 05/09/2017 and assigned 000103554  or amend the following:  the new name of the limited liability company here:  le and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.B.C." of the abbreviation "L.B.C." or the abbre |
| A. If amending name, enter the new name of the limited liab  | ility company here:  |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LLC" or the abbreviation "L. 😢 " 🔻 📜   |
| Enter new principal offices address, if applicable:  | 2825 Smithfield Drive  |
| (Principal office address MUST BE A STREET ADDRESS)  | ا بن الله Orlando, FL 32837  |
|  |  |
| Enter new mailing address, if applicable:  | PO Box 3531  |
| (Mailing address MAY BE A POST OFFICE BOX)   | Orlando, FL 32802  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her |  |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   | Enter Florida street address   |
|  |  |
|  | , Florida<br>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 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>      | Address                    | Type of Action        |
|--------------|------------------|----------------------------|-----------------------|
| AMBR         | Dwight Walton    | 9024 Summit Centre Way     | ■ Add                 |
|              |                  | Apt. 208 Orlando, FL 32810 | ☐ Remove              |
|              |                  |                            | Change                |
| AMBR         | Latravia Smith   | PO Box 3531                |                       |
|              |                  | Orlando, FL 32802          | ☐ Remove              |
|              |                  |                            | ☐ Change              |
| MGR          | Davidson Anestal | PO Box 3531                |                       |
|              |                  | Orlando, FL 32802          | □ Remove              |
|              |                  | ■ Change                   |                       |
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| lf an effec<br><u>Note:</u> I | ve date, if other than the date of filing:  | Pursuant to 605.0207 (<br>vill not be listed as th |
|                               | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o<br>90th day after the record is filed. | n the earlier of:                                  |
| Dated _                       | 9/19/17 . 2017 .  |  |
|                               |   |  |
|                               | Signature of a member or authorized representative of a member  |  |

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Filing Fee: \$25.00