Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STRIVE FOR EXCELLENCE LLC

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SEP 2 5 2017

Electronic Filing Menu

Corporate Filing MenuKER

Help

H170002495743

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STRIVE FOR EXCELLENC	DE LLC			
(Name of the Limited Liability Company (A Florida Limited Lieb	is it now appears on our records.) hity Company)			
The Articles of Organization for this Limited Liability Company we Florida document number <u>L17000188769</u>	re filed on September 5, 2017		and ass	igned
This amendment is submitted to amend the following:	·			
A. If amending name, enter the new name of the limited liability	company here:			
MAKE READY BROTI	ERS LLC			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or t	he abbrevi	ation "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)				
(Maining address MAT BE ATOST OFFICE BOX)			=======================================	
-			EP	
B. If amending the registered agent and/or registered office	e address on our records, ge	ter: ûie	ற்றிய	of the new
registered agent and/or the new registered office address here:		٠. اِن	25-	
		7	<u></u>	
Name of New Registered Agent:		<u> </u>	<u> </u>	<u>.</u>
New Registered Office Address:			ic.	
	Enter Florida street address			
	Rlarid	4		
	Ĉity , Plot ld.	a	ip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change.	rformance of my duties, and L vided for in Chapter 605, F.S.	am fami Or, if th	liar wii iis doci	rh and iment is

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If Changing Registered Agent, Signature of New Registered Agent

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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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
		<u></u>	Change
		100	
			Петточе
			☐ Change
			☐ Add
			Remoye
			Change R2
			S
			Add O
			Change
			☐ Remove
		<u> </u>	Add
			Pemove

☐ Change

amending any other information, enter change(s) here: (Attach add	ditional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
	<u> </u>
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	(optional)
ffective date, if other than the date of filing: an offective date is listed, the date must be specific and cannot be prior to date of filing lote: If the date inserted in this block does not meet the applicable statutory ocument's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605,0207 (3) filing requirements, this date will not be listed as the
e record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier of:
ated 9-19-17	
Signature of a member or authorized represent	tative of a member
1111	
- Union Valdivia	nee

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Filing Fee: \$25.00