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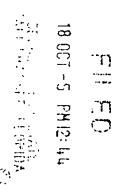
(Reque	estor's Name)	
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PICK-UP	MAIT	MAIL MAIL
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(Docur	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	





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OCT 2 2 2016 T SCHROEDER

COVER LETTER

	•	_	
TO: Registration Division of C	Section Corporations	•	
SUBJECT:	Readultoad	S LLC ited Liability Company	
	None of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Adam H	Mighhng Name a Person y Goods UC Firm/Company	
	Reco	y Goods UC	
	<u> </u>	estan Circle Address	<u> </u>
	Ras	+ Vedra, FL- 32081	
	adamk	e Jedra FL- 3208 City/State and Zip Code Nighting egmal. Com to be used for future annual report notif	
For further informatio	n concerning this matter, please ca		ication)
Adan Nan	N Knighting	at (<u>352</u>) <u>b</u> Area Code Daytime	82-9914 Telephone Number
Enclosed is a check fe	or 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili (A Florid:	dy Goods LLC ty Campany as it now appears on our a Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L18000234762</u>		and assigned	
This amendment is submitted to amend the following:	<u> </u>		
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDI	RESS)	F1 * 8	
		; <u> </u>	3
		ំ ហ រី	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		12:44	フ —
		6.5	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ecords, <u>enter the name of th</u>	e new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	address	
		, Florida Zip Code	
	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, 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>	Type of Action
AMBR	Alam Knighting	44 Weston Circle Ponte Wara,	FL (5) Add 3 20 51
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<u>ote:</u> If the da	, if other than t e is listed, the date r te inserted in this sective date on the	s block does n	iot meet	t the applic	able statut	iling or mor ory filing (r than 90 day equirement	(optiona is after tili ts, this da	ol) ng.) Pursua te will no	nt to 605 t be liste	.020 ed a
	ecifies a delay ay after the r			e, but no	et an effe	ective tin	ne, at 12	:01 a.m	n. on the	e earlie	er c
من _ med	ctober	14	 · -	7018	<u> </u>						
				/							

Page 3 of 3

Filing Fee: \$25.00