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TO:

ΓΟ: Registration Se Division of Cor			
	EADY RENOVATIONS LLC		
SUBJECT:	Name of Limi	ted 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:	
	RICHARD BURDETTE		
		Name of Person	
		Firm/Company	
	1314 E LAS OLAS BLVD	# 607	
	-	Address	
	FT LAUDERDALE, FL 33	3301	
		City/State and Zip Code	
	IAMTHEMANAGERLLC(
		to be used for future annual report noti	neation)
For further information of	concerning this matter, please co	all:	
		at (
Name (of Person	at () Area Code Daytim	e Telephone 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	ation
Registration Division of (Registration Se Division of Cor	
P.O. Box 633		The Centre of T	Fallahassee
Tallahassee,		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RETAIL READY RENOVATIONS LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number 1.20000108087	npany were filed on 4/20/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:)
RETAIL READY RENOVATIONS & REPAIRS LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE)	(SS)	20201
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter tl</u> :	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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>	Address	Type of Action
AMBR	SAM WISE	14359 MIRAMAR PKWY #302 MIRAMAR, FL	≥ Add
		33027	□Remove
			□Change
AMBR	RICH BURDETTE	14359 MIRAMAR PKWY #302 MIRAMAR FL	□Add
		33027	Remove
			□Change
			□Add
			□Remove
			□Change
			□Ađd
			□Remove
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	nent's effective date on the Department of State's records.
ocun	
recoi	rd 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 filed.
	iled.
recoi d is fi	iled.

Filing Fee: \$25.00