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COVER LETTER

TO: Registration Se Division of Cor			
READY FA	•		
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:	
	DEBBIE BEAUSEJOUR		
		Name of Person	
		Firm/Company	
	_	Address	
	PORT ST LUCIE FL 3495:	2	
	FSATREADY@AOL.COM	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	otification)
For further information c	oncerning this matter, please ca	all: 786 2134004	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne 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 Addres	<u> </u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

READY FAST LLC		on our records)
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I lorida document number 1.20000129362	Liability Company were filed on	0/2020 and assigned
his amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name of	of the limited liability company her	<u>e</u> :
EADY FAST ENTERPRISE LLC		
he new name must be distinguishable and contain the	words "Limited Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	icable:	
rincipal office address MUST BE A STRE	<u>ET ADDRESS)</u>	
		
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE	E BOX)	
Tunning man ass First Deliver Co. 1.100		•
s. If amending the registered agent and/or gent and/or the new registered office addr		cords, <u>enter the name of the new register</u>
Name of New Registered Agent:	STARLA MALCOLM	
New Registered Office Address:	8976 S US HIGHWAY I	
	Enter Floric	la street address
	PORT ST LUCIE	, Florida
	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>	Name	Address	Type of Action
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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			(optional)
fective date, if other than the	date of filing:		
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