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AUG 1 9 2020 S. YOUNG

COVER LETTER

Registration Section Division of Corporations

بين	Name of Limited Liability Company
fhe enclosed Article	s of Amendment and fee(s) are submitted for filing.
•	espondence concerning this matter to the following:
rease return an ext	cspondence concerning and makes to an arrange
	ERIK HERNANDEZ
	Name of Person
	PRESIDENT
	Firm/Company
	12350 SW 220 ST
	Address
	MIAMI, FL 33170
	City/State and Zip Code
	danddready@gmail.com
	E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
ERIK HERNANDE	
Na	me of Person Area Code Daytime Telephone Number

Mailing Address:

■ \$25.00 Filing Fee

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

☐ \$30,00 Filing Fee &

Certificate of Status

Street Address:

☐ \$55,00 Filing Fee &

Certified Copy

(additional copy is enclosed)

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

□ \$60.00 Filing Fee.

Certificate of Status &

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&D READY LLC		٠	
(Name of the Limited Liabili	ity Company as it now appears on ou a Limited Liability Company)	r records.)	
(A FRAID	a timited vincinty desirpally)	1	
The Articles of Organization for this Limited Liability (Company were filed on $\frac{06/04/202}{1}$	o and assigned	
Florida document number 1,20000152476			
i knida document namoci	·		
This amendment is submitted to amend the following:		ω	
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
The state of the Parkley			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere	ed office address on our records	, enter the name of the new register	
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre		
	rmer r tortaa sire	a uaness	
		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.

rending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records:

iGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Dario Arces	12350 SW 220 ST	■ ∆dd
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o te: Ii i	date, if other than the date of filing:	605.020 listed a
ecord s is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day :	after th
. 07/	/01/2020	
tizz	<u></u>	
ited	Signature of a member or authorized representative of a member	

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