L21000062909

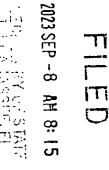
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300412619073

07/21/23--01016--003 **25.00





COVER LETTER

TO:	Registration Se Division of Cor		•	, en
OUD IF	Ron Bailey	LLC		•
SUBJEC	CT:	Name of Limi	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Ronald Byron Bailey		
			Name of Person	
		Ron Bailey LLC		
			Firm/Company	
		17516 SE 96th Court		
			Address	
		Summerfield, FL 34491		
			City/State and Zip Code	
		team48in03@yahoo.com	to be used for future annual report noti	(Tration)
For furtl	her information c	oncerning this matter, please co	-	
Ronald	Byron Bailey		352 355-9880 at ()	
	Name o	f Person		ne Telephone Number
Enclose	d is a check for th	ne following amount:		
₩ \$25	6,00 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		Street Address:	
	Registration S Division of C		Registration Se Division of Co	
	P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ron Bailey LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our rec nited Liability Company)	ords,)
The Articles of Organization for this Limited Liability Comp	pany were filed on 02/05/2021	and assigned
Florida document number L21000062909		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Ronald Byron Bailey LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
		. 202
•		
Enter new mailing address, if applicable:		EP
(Mailing address MAY BE A POST OFFICE BOX)		σ
(Nutting duaress MAT BE A POST OFFICE BOX)		
		
D. 16	Tanadaaa ay ay aanada aa	The second secon
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	nce address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	<u> </u>			
MGR =	Manager			
AMBR =	= Authorized Member			

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Add
			□ Remove
			□ Change

	any other information, enter change(s) here: (Attach additional sheets, if necess	• /
	·	
		
		
ective dat	te, if other than the date of filing: (option	al)
te: If the d	te, if other than the date of filing:	ing.) Pursuant to 605,020 ate will not be listed as
cord specif s filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Septen	mber 5 2023	
	All (2)	
	Signature of a member or authorized representative of a member	
Ro	onald Byron Bailey	
	Typed or printed name of signee	

Filing Fee: \$25.00