6/8/2021



## Florida Department of State

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 49 5 READY TO RETIRE, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

READY TO RETIRB, LLC				
(Name of the Lim	ted Liability Comps (A Florida Limited	iny 95 it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited I Florida document number L21000073446		were filed on <u>02/11/2021</u>	and assigned	
This amendment is submitted to amend the fol				
A. If amending name, enter the new name	_	dlity company here;		
The new name must be distinguishable and contain the	1. of 1. 1. ( f 1. k)	11. ("- 11. (") - 4b. (") - 4b. (") - 4b. (")	hheaviaring "I I C""	
The new name must be distinguishable and contain the	words "Limited Lind!		EDDAEVIGUED E.E.C	
Enter new principal offices address, if appli	eable:	13341 SW 103 TERR		
(Principal office address MUST BE A STRE	ET ADDRESS)	MIAMI, FL. 33186		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		13341 SW 103 TERR		
		MIAMI, FL 33186		
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office ess here:		ame of the new register	
Name of New Registered Agent:	CHANGE OF	ADDDRESS		
New Registered Office Address:	13341 SW 103	TERR	155 - 8 II	
		Emer Florida street address	33186 P.O.	
	МІАМІ	, Florida	33186 型の	
		City	另可te ··	
New Registered Agent's Signature, if changing	Registered Agent		Çr ₽	

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	LYDIA BENITEZ	13341 SW 103 TERR	∰Add
		MIANU, FL 33186	□Remove
			☐ Change
			□Add
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D. If an	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
		······································		
		<del></del>		
		<del></del>		
		····		
<u>Note:</u> daeun	five date, if other than the date of filing:  [coptional]  [receive date is listed, the date must be specific and cannot be prior to date of illing or more than 90 days after filing.) Pursually the date inserted in this block does not meet the applicable statutory filing requirements, this date will need a effective date on the Department of State's records	ot be liste	d as the	ip)
f the recor ecord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th led.	<b>D</b> agla	2 <u>0</u> 21	
Dated	6/8 2021	RETAIN AHASS	8- NUL	FILED
	Signature of a member or authorized representative of a member	(O)		E0
	LYDIA BENITEZ	STATI	AM II: I	

Typed or printed name of signee