# 121000073446

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#### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	pady To Retir	e LLC . 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:	
	<u> </u>	a Bevitez Name of Person	
	Read	4 To Retro,	LC
	13341	Sw. 103 Tell Address	<u> </u>
	Luan	ni Fl 3318 Clty/State and Zip Code	36
	E-mail address: (	a MOND 24 a yake	OO. COM
For further information of	concerning this matter, please ea	all:	
Lyd Name o	ia Benitez	at ( <u>305</u> ) <u>44</u> Area Code Day	16-8141 time Telephone Number
		OR 786-2	230-0462
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 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 Address:

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

#### Street Address:

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

Keady To	Retine, U.C.
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100073446</u> .	were filed on Feb 11, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabile	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	13341 Sw. 103 Teer. Miani, Fl 33186
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	·

#### 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.

City

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	Lydia Beijtez	13341 Sw. 103 Teff Niami, FC 33186	tdAdd
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	ive date, if other than the date of filing:  (optional)  (ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
he recor	d 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 led.
Dated	April 27 2021
	Signature of a member or authorized representative of a member
	Signature of a member of authorized epieschanive of a member
	Lydia Bevitez