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COVER LETTER

TO:

TO: Registration Division of C	Section Corporations		
SHR IFCT.	Ready Remove	al LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subr	nitted for filing.	
Please return all corre	spondence concerning this matter t	to the following:	
	John 1	Hendry Jv Name of Person	
	Ready	Removal Firm/Company	
	8194	O+L AUENUE N Address	2623 (\$ E C C
	St. Petershi	Address Address Stry/State and Zip Code MCNY P Decicly Demonstration of the user for future annual report notice.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	JJhe E-mail address: (to	nclvy P. Decicly Demoor noting the second of the second se	over biz
For further informatio	n concerning this matter, please ca	H:	· · · · · · · · · · · · · · · · · · ·
	Henchy e of Person	at (727) 430 (Area Code Daytime	2.471 e Telephone Number
Enclosed is a check fo	r the 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 Add Registratio		Street Address: Registration Sec	ction
Division of	Corporations	Division of Cor	porations
P.O. Box 6	327 ኔ. FL 32314	The Centre of T	allahassee e Street, Suite 810
1 (411(41)42)			C OHUCE OUTE OIL

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	SIZ S P-e c. G (5 + 4	<u> </u>
(A Florida Limited L The Articles of Organization for this Limited Liability Company of Florida document number <u>L 21000457269</u> .		and assigned
This amendment is submitted to amend the following:		
Ready Removal LLC The new name must be distinguishable and contain the words "Limited Liability Control of the limited liability Control of the liability Control o		riation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	St. Petersburg F1 3	3703
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	819 AOth Avenue N St. Petersburg F1	33703
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name o	Ethe new registered
Name of New Registered Agent:		7
New Registered Office Address:	Enter Florida street address	
		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:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
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			□Remove
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ective date, if oth effective date is liste e: If the date inse ument's effective	d, the date must be sited in this block (specific and car does not mee	inot be prior to the applical		or more than 90		g.) Pursuant	
ord specifies a de filed.	layed effective dar	e, but not an	effective tim	ae, at 12:01 a.	m, on the earl	ier of: (b) 1	he 90th da	y after th
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