

8/30/22, 4:54 PM

Division of Corporations

L22000094680
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (950)617-6133

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR MMG RESIGN
READY2SHIP EXP LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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Corporate Filing Menu

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2022 AUG 30 AM 4:56

2022 AUG 30 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

AUG 30 2022
K. Brumby

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Ready2Ship Exp LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/07/2022 and assigned
Florida document number L22000094680.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

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TALLAHASSEE, FLORIDA

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 Changing Registered Agent, Signature of New Registered Agent

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|----------------------|--|
| MBR | Kerry Burke | 3711 SW 69 AVE APT 1 | <input checked="" type="checkbox"/> Add |
| | | DAVIE, FL 33314 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MBR | Dayana Ramirez | 3711 SW 69 AVE APT 1 | <input type="checkbox"/> Add |
| | | DAVIE, FL 33314 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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[illegible]

Note: If the date entered in this block does not meet the applicable statutory filing requirements, this date will not be listed in the document's effective date on the Department of State's records.

(Dated) August 30th 1922

1. DATE OF BIRTH : 19/05/1980

1. THE STATE OF TEXAS, COUNTY OF DALLAS, ss. I, _____, a Notary Public in and for the State of Texas, do hereby certify that _____ is the true and correct copy of the _____ of _____, as the same appears from the records of said _____.

Filing Fee: \$25.00