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SECRETARY OF STATE OF

T. MATTHEWS JUN 27 2022

	Nane of I	imited Liability Company	
The enclosed Articles	of Amendment and fee(s) are s	submitted for filing	
	pondence concerning this man		
	Amulaire fils-aime		
		Name of Person	
	sheenalda road ready		
		Firm/Company	
	5207		
		Address	
	orlando f1, 32818		
		City/State and Zip Code	
	myrlenefilsaime@hotmail.		
		(to be used for future annual report no	dification)
for further information (concerning this matter, please of	call:	
Amulaire filsaime		754 757-6576	
Name o	of Person	at ()	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Se Division of Cor	porations
Tallahassee, F		The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ŤO:

Registration Section **Division of Corporations**

ARTICLES OF ORGANIZATION OF

OF CHE FARY OF STATE GIVISION OF CORPORATIONS

SHEENALDA ROAD READY 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 Con	npany were filed on 63-09	-2022
Florida document number 1.22(00)119283		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here	
The new name must be distinguishable and contain the words "Limited	Line Year O	
Enter new principal 15	Thaninty Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	164	
-		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our recor	ds, <u>enter the name of the new registered</u>
New Registered Office Address:		
	Enter Florida sti	vet address
		Florida
New Registered Agent's Signature, if changing Registered Age	City	Florida Zip Code
hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and completecept the obligations of my position as registered agent a peing filed to merely reflect a change in the registered officempany has been notified in writing of this change.	igree to act in this capac ete performance of my d	uies, and I am familiar with and
If Ch	nanging Registered Agent, Sig	nature of New Registered Agent

<u>Title</u>	<u>Name</u>	Address	Type of tag'
CEO	AMULAIRE FILS-AIME	5207 CHAKANOTOSA CIR ORLANDO FL.32818	Type of Action
			■Add
			_ □Remove
			_ = Change
			_ □Add
			_ □Remove
			_ □Change
			□Add
			□Remove
			□Change
			⊒Add
			□Remove
			□Change
			⊐Add
			□Remove
			JChange
]Add
			lRemove

———— □Change

Effective date, if other than the date of filing:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
he record 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 ord is filed.
Dated <u>05-62-2-</u>
Amulaire Files-AIME

Typed or printed name of signee