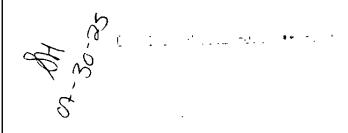
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(F	Requestor's Name)
	Address)
(/	Address)
(0	City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
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(D	Document Number)
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COVER LETTER

	tration Section ion of Corporations		:		•		
 	Down to Chill LLC	\$	9 .	? .	:		
_		Name of Lim	ited Liability (Company		k .	
The enclosed A	Articles of Amendment and	fee(s) are sub	mitted for fil	ing.			
	II correspondence concernin			_			
	James Casey						
			Name o	of Person			
	Down to Chi	HELC					
	 		Firm/C	Company			
	1185 Cathear	1 Circle					
			Ade	iress			
	Sanford, FL.	32771					
			City/State a	nd Zip Cod	c	·-	
	jamescasey7@						
				future annu	al report notifica	ation)	
For further info	ormation concerning this ma	itter, please ca	ıll:				
James Casey			4 at (307-8743		
	Name of Person			ea Code	Daytime T	'elephone Number	
Enclosed is a c	heck for the following amou	int:					
■ \$25.00 Fili	ing Fee \$30.00 Filir Certificate		Certif	Filing Fed ied Copy nal copy is e		S60.00 Filing Fee. Certificate of Stat Certified Copy (additional copy is en	us e
	ng Address:				Address:		
_	stration Section			Regist	ration Secti		
	sion of Corporations Box 6327				on of Corpo		
	hassee, FL 32314				entre of Tal	tanassee Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Down to Chill LLC	2025 JUH 1 1 Ail 10: 23
(<u>Name of the Limited Liab</u> (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 1.23000553274	Company were filed on December 15th, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
App Ready LLC	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADD Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ORESS)
	ed office address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cuv 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
			□Add
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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			2029 11111
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<u>,</u>			
			
ective date, if other than the reffective date is listed, the date mus	date of filing:	Leaving than 00 day	(optional)
te: If the date is listed, the date must te: If the date inserted in this blackment's effective date on the D	lock does not meet the applicabl	e statutory filing requiremen	ts, this date will not be listed a
ecord specifies a delayed effectiv	ve date, but not an effective time	, at 12:01 a.m. on the earlier	of: (b) The 90th day after th
June 5th	2025		

Typed or printed name of signee