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COVER LETTER

TO: Registration Set Division of Cor			
Ready2Rol SUBJECT:	ILLC		
SOBJECT.	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	-	
	Adriana Solana		
		Name of Person	
	Ready2Roll LLC		
		Firm/Company	
	7191 CYPRESS LAKE D	RIVE, STE 3 #1148	
		Address	
	FORT MYERS, FL 33907	,	
		City/State and Zip Code	
	adrianaready2roll@gmail.c	om to be used for future annual report noti	
For further information c	oncerning this matter, please e	·	ncaujon)
Adriana Solana		786 538-7552	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 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)
Mailine Addres	••	Parra 4 4 1	

Mailing Address:

TO:

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

Florida document number L24000201540 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 "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) To STE 3 #1148 FORT MYERS, FL 33907 To Step 1 amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:	
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B. If amending the registered agent and/or registered office address on our records, enter the name of the nagent and/or the new registered office address here:	
agent and/or the new registered office address here:	
Name of New Registered Agent: New Registered Office Address:	ame of the new regi
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>	Name	Address	Type of Action
AMBR	Luis Angel Vallejo	7762 16th PL	<u></u> ■ Add
		Labelle, FL 33935	□p
			□Change
			[]Remove
			Change
			[]Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			П Remove
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			Remove

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an el?	ive date, if other than the date of filing:
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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
is fi	ed.
	July 29 2024 ()
ated	, 2024
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Adriana Solana

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