

L220000152542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

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2023 OCT 12 PM 7:53
CLERK OF COURT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2023

MARTHA PATARROYO
730 S STERLING AVE
STE 205
TAMPA, FL 33609

SUBJECT: RY4 LLC
Ref. Number: L22000152542

We have received your document for RY4 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Octavia L Simmons
Supervisor

Letter Number: 623A00021440

OCT 12 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RY4 LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTHA P PATARROYO

Name of Person

TAX CARE

Firm/Company

730 S STERLING AVE STE 205

Address

TAMPA FLORIDA 33609

City/State and Zip Code

martha.patarroyo@taxcareinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

martha.patarroyo

786

6316524

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

FILED

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

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>
AMBR	Paula A Franco Botero	910 Spring Harvest Ct	<input type="checkbox"/> Add
		Orlando Fl 32828	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Karen Yepes Villegas	7630 NW 25th St Ste 2B	<input checked="" type="checkbox"/> Add
		Miami Fl 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Typed or printed name of signee