

(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sounds Link) Harrey
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
no signature





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08/28/23--81018--013 **25.00

FILED 2023 OCT 1**2** 121 7: 53



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

CST 12 2023

COVER LETTER

· · · · ·	•	COVER LETTER		
TO: Registration So Division of Cor				
, RY4 LLC				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
	ondence concerning this matter	-		
	MARTHA P PATARROY	O		
		Name of Person		
	TAX CARE			
	 -	Firm/Company		
	730 S STERLING AVE S	ΓE 205		
		Address		
	TAMPA FLORIDA 33609			
		City/State and Zip Code		
	martha.patarroyo@taxcareii	•		
	E-mail address: (to be used for future annual report no	otification)	
For further information of	concerning this matter, please c	all:		
martha patarroyo		786 6316524		
Name o	of Person	at ()	nic 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address: Registration S	Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 CCT 12 11 7:53

RY4 LLC

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

(A Florida Limited Liability Company)

(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000152542</u>	were filed on 03/29/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LI	.C" 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 a agent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new registere
Name of New Registered Agent:		.
New Registered Office Address:		
	Enter Florida street addr	uss
		Florida
	City	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 amentling 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
AMBR	Paula A Franco Botero	910 Spring Harvest Ct	DAdd
		Orlando Fl 32828	≣Remove
			□Change
AMBR	Karen Yepes Villegas	7630 NW 25th St Ste 2B	≅ Add
		Miami Fl 33122	□Remove
			Change
		-	
			□Remove
			Change
			□Remove
			Change
	 _		
			□Remove
			□ Change
			□Add
			Remove

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Note:	ive date, if other than the date of filing: (optional) ective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
recor d is fi	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 led.
Dated	10-06-2023.
	Signature of a member or authorized representative of a member
	Juan Francis Rocha
	Typed or printed name of signee