

L24000039148

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H24000034956

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CITI TAXES LLC
Account Number : I20230000131
Phone : (305)803-4427
Fax Number : (305)402-6230

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: citi.taxes@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE SUN FAV, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

RECEIVED
2024 JAN 25 PM 11:37
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2024 JAN 25 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu Corporate Filing Menu Help

T. LEMIEUX
JAN 26 2024

COVER LETTER

H24000034956

**TO: Registration Section
Division of Corporations**

SUBJECT: THE SUN FAV, 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.

ARMANDO VASQUEZ
Name of Person

CITI TAXES LLC
Firm/Company

5721 NW 112TH AVE APT 108
Address

DORAL, FL 33178
City/State and Zip Code

CITITAXES@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARMANDO VASQUEZ 305 803-4427
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000034956

THE SUN FAV, 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 Company were filed on 01/24/2024 and assigned Florida document number L24000039148

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AMERICAN RYF LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

FILED 2024 JAN 25 AM 10:31 DEPT. OF REVENUE

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 Changing Registered Agent, Signature of New Registered Agent

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the record is filed

Dated January 25, 2024

Signature of a member or authorized representative of a member

FAVIO DIEGO CHIRAZI

Typed or printed name of signer

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