# L07000010549

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SECRETARY OF STATE DIVISION OF CORPORATIONS

#### **COVER LETTER**

TO: Registration S Division of Co	
suвjест: Ryan Р	(Name of Limited Liability Company)
	f Amendment and fee(s) are submitted for filing.
Please return all corresp	ondence concerning this matter to the following:
	Sara Groff
·	(Name of Person)
•	Miller & Williams, PLC (Firm/Company)
	2905 Corinthian Ave. Suite 5 (Address)
	Jacksonville, FL 32210 (City/State and Zip Code)
For further information of	concerning this matter, please call:
Sara (Name	at (904) 425-0040  of Person)  (Area Code & Daytime Telephone Number)
Enclosed is a check for t	he following amount:
₹25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### MILLER & WILLIAMS, PLC

2905 Corinthian Ave., Ste. 5
Jacksonville, Fl 32210
Phone: (904) 425-0040 • Facsimile (904) 425-0028
www.miller-williams.com

January 9, 2008

#### Via Federal Express

Department of State Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Ryan Properties, LLC

Document # L07000010549

To Whom It May Concern:

Please find enclosed a check in the amount of \$160.00 payable to your company for the filing fees for the attached changes for Ryan Properties, LLC. Please contact me with any questions or concerns. Thank you.

Very Truly Yours

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Ryan Properties, LLC

Name of New Registered Agent:  New Registered Office Address:	(Enter Fl (City)	orida street address) , Florida(Zip Code)
	(Enter Fl	orida street address)
Name of New Registered Agent:		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our re address here:	ecords, enter the name of the r
The new name must be distinguishable and end with th L.L.C."	e words "Limited Liability Company," th	ne designation "LLC" or the abbrevia
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	
This amendment is submitted to amend the followi	ng:	
Florida document number <u>L. 97000010549</u>	<del></del> -	
	ility Company were filed on <u>January</u>	29, 2007 and assigned

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 608, 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)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Address Title <u>Name</u> 9000 Regency Square Blvd, Suite 200 7 Add **MGRM** John Reynolds Jacksonville, FL 32211 Add Remove Add Remove Remove \_Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00