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Office Use Only



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J. SAULSBERRY EXAMINER

JUN 20 2011

COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT:	Ryan	Properties LLC		
		nited Liability Company		
	s of Amendment and fee(s) are suespondence concerning this matter	_		
		Joseph M Turri		
Name of Person				
		Ryan Properties LLC		
Firm/Compar		Firm/Company		
82		22 A1A North, Suite 210		
		Address	ZOII	
	Ponte Vedra Beach, Florida 32082			
City/State and Zip Code		JUN 15		
	E-mail address:	turri@planet5llc.com (to be used for future annual report notifica		
For further information	on concerning this matter, please	·	Mr 9: 04	
	Toni Kara	;; (35-1001	
Nan	ne of Person	Area Code & Daytime T	elephone Number	
Enclosed is a check for	or 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		STREET/COURIER Registration Section	R ADDRESS:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Ryan Prperties LLC			
(Name of the Limited	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)		
(,	Triorida Emilioa Elability Company)			
The Articles of Organization for this Limited L	01/29/2007	and assigned		
Florida document number LO700001	0549			
Tronda document names:				
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liability company her	<u>re</u> :		
The new name must be distinguishable and end wit "L.L.C."	th the words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)		201	
		.An		
		A V	Z	
		S. C.	万 万 厂	
Enter new mailing address, if applicable:			1	
(Mailing address MAY BE A POST OFFICE	<u></u>		9 5	
		<u></u>		
		>>	····	
B. If amending the registered agent and/		our records, <u>enter tl</u>	ne name of the new	
registered agent and/or the new registered of	fice address here:			
Name of New Registered Agent:		·		
New Registered Office Address:	822 A1A North, Suite 210			
Enter Florida street address				
	Ponte Vedra Beach	, Florida	32082	
	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 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 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 **Title** <u>Name</u> **Address Type of Action MGRM** John Reynolds 9000 Regency Sq. Blvd N ☐ Add Suite 200 ✓ Remove Jacksonville, Florida 32211 MGRM Joseph M Turri 822 A1A North **✓** Add Suite 210 Remove Ponte Vedra Beach, Florida 32082 ☐ Add Remove ☐ Add 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 Joseph M Turri

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00