

L09000033955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

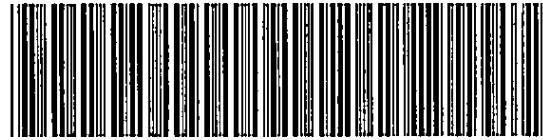
(Document Number)

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05/24/21-- 01014--021 **25.00

21 MAY 24 PM 3:19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RYW, 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:

W. Kirk Beck
Name of Person

RYW, LLC
Firm/Company

6908 Erin Marie Ct
Address

Fort Myers, FL. 33919
City/State and Zip Code

wkbeck50@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

W Kirk Beck 239 770-7686
Name of Person at () 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

N
21 MAY 24 PM 3:19

(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

21 MAY 24 PM 3:19

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	W Kirk Beck	6908 Erin Marie Ct.	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33919	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Steven M Weisberg	12497 Honeysuckle Rd.	<input type="checkbox"/> Add
		Fort Myers, FL. 33966	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

al sheets, if necessary).

[illegible]

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: (b) The 90th day after the record is filed.

Dated May 22, 2021

Signature _____

Signature of a member or authorized representative of a member

W Kirk Beck

Typed or printed name of signee