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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BURR & FORMAN LLP

Account Number : I19990000278 Phone : (407)540-5600 Fax Number : (407)540-5601

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

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

R & Y ASSET MANAGEMENT, LLC

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JUL 18 2020

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF A		
TO		B A
ARTICLES OF O	RGANIZATION	
OF	•	
•		10 C
DAY AMARIAN		
R & Y Asset Management, LLC	rue it now somages on our reports	<u> </u>
(Name of the Limited Liability Compan (A Florida Limited Lia	ibility Company)	Mall of Parks
	9/20/2009	
The Articles of Organization for this Limited Liability Company v	vere filed on	and assigned
lorida document number 1.09000080504		
		•
This amendment is submitted to amend the following:		
. To the limited liability	ity cammany here.	
A. If amending name, <u>enter the new name of the limited liabit</u>		
The new name must be distinguishable and contain the words "Limited Liability	- 	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC"	or the abbreviation "L.L.C."
t t set an aldama if any brobles		
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	ddress on our records, enter	the name of the new registered
agent and/or the new registered office address here:	,	
in the transfer was the same of the same o		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida Street addres	2
		orida Ziv Code
	City	ap Cone
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I fu	rther agree to comply with the
provisions of all statutes relative to the proper and complete.	performance of my duties, a	na Lam Jamiliar with and
account he obligations of my position as registered agent as p	rovided for in Chapter 605,	1.8. Or, if this accument is
being filed to merely reflect a change in the registered office	address, I hereby confirm th	at the limited liability
company has been notified in writing of this change.	_	

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

<u>Title</u>	Name	Address	Type of Action
MGR	Ron Semans	541 N. Palmetto Ave.	∏Add
		Sanford, FL 32771	■Remove
			Change
			□Add
	·		□Remove
		FIChange	
			ÜAdd
		∏Remove	
	/	□Add	
			Remove
		Change	
			[]]Add
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	<u></u>
,	
(If an e Note	tive date, if other than the date of filing: frective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e reco	ord 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 filed.
Date	July 13 2020
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00