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MAY 17 2011

**EXAMINER** 



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05/16/11--01011--014 \*\*30.00

SECRETARY OF STATE TALLAHASSEE, FLORIDY

11 MAY 16 PM 12:

## **COVER LETTER**

TO: Registration Section Division of Corporation		
SUBJECT:	RYO H G LLC  Name of Limited Liability Company	
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	JOSH GIMELSTEIN.  Name of Person	
	Firm/Company	
	2794 W. 68TH ST #108	
	HIALEAH, FL 33016  City/State and Zip Code  RYOAMERICA @ GMAIL Com  E-mail address: (to be used for future annual report notification)	
For further information con	E-mail address: (to be used for future annual report notification) accerning this matter, please call:	
	Preson at (365) 502-5674  Area Code & Daytime Telephone Number	
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	i)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RYO HG, LU	-C				
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)				
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>4/11/2011</u>	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company here:				
RYO CIGARETTE STATI	ON HG, LLC				
The new name must be distinguishable and end with the words "Limit "L.L.C."		'LLC" or the abbreviation			
Enter new principal offices address, if applicable:	2794 W. 687	4 ST. #108			
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH, FL 33	1016			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE	TALLAHASSEE.			
B. If amending the registered agent and/or registered office address here	ce address on our records, <u>enter</u>	the pame of the new			
Name of New Registered Agent:	West distance of the second				
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
). If amendi	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	<del>-</del>
			_
			_ _
Pated	5-10-11 , /		
-	Signature of a member	or authorized representative of a member    OMELSTEIN     Or printed name of signee	

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Filing Fee: \$25.00