

L11000088375 ✓

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 17 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rymomatic 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:

Matthew Underwood
Name of Person

Rymomatic LLC
Firm/Company

613 NW Grenada St
Address

Port St. Lucie, FL 34983
City/State and Zip Code

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

For further information concerning this matter, please call:

Matthew Underwood at 305 509 2918
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA
STATE DEPT OF REVENUE

Enclosed is a check for 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
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

Rymo Matic LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/08/11 and assigned
Florida document number 211000088375
02
MU

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

613 NW Grenada St
Port. St. Lucie, FL 34983

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

613 NW Grenada St
Port St. Lucie, FL 34983

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

613 NW Grenada St
Enter Florida street address
Port St. Lucie, Florida 34983
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:

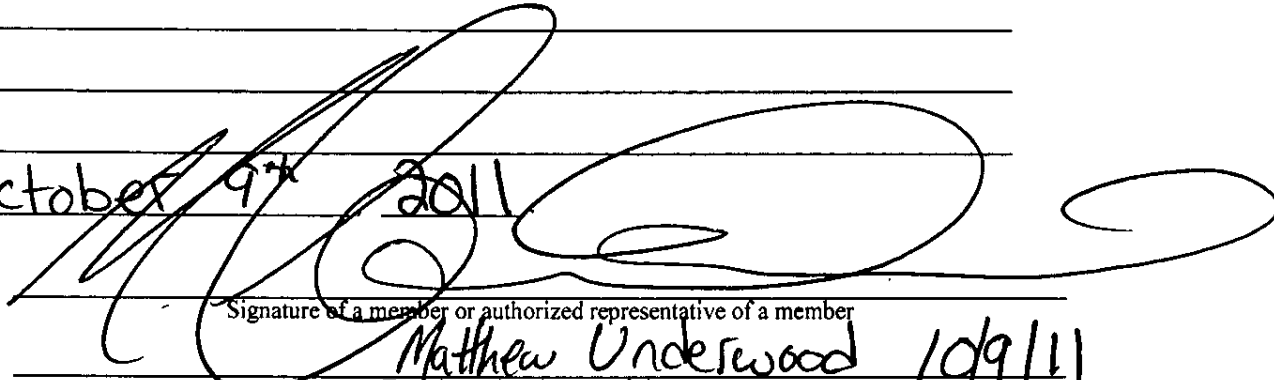
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Ryan Runyon	613 NW Grenada St Port St. Lucie, FL 34983	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	John Beaulieu	613 NW Grenada St Port St. Lucie, FL 34983	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated October 9th 2011



Signature of a member or authorized representative of a member
Matthew Underwood 10/9/11
Typed or printed name of signee