

L11000124564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

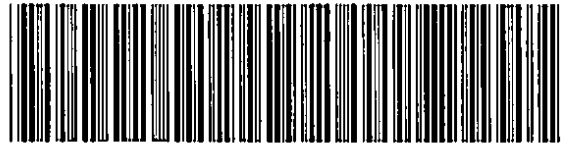
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03/23/20--01024--025 **25.00

FILED
2020 MAR 23 PM 2:48
CLERK OF COURT

Amend

APR 06 2020
I ALBRITTON



KYLER, KOHLER
OSTERMILLER
& SORENSEN

A LIMITED LIABILITY PARTNERSHIP

1883 W. Royal Hunte Dr. Suite 200
Cedar City, Utah 84720
Phone 435-586-9366
Fax 435-586-9491

Andrea Emans, Paralegal
Andrea@kkoslawyers.com

March 16, 2020

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed for processing are duplicates of the Articles of Amendment for **Ryan & Sons LLC**. Also enclosed is a check in the amount of \$25.00 to cover the filing fee.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

KYLER KOHLER OSTERMILLER & SORENSEN, LLP

Andrea Emans, Paralegal

Enclosure

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Ryan & Sons LLC

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

FILED
2020 MAR 23 PM 2:48
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/01/2011 and assigned
Florida document number L11000124564.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Registered Agent Solutions, Inc.

New Registered Office Address:

155 Office Plaza Drive, Suite A

Enter Florida street address

Tallahassee

City

, Florida 32301

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 605, 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.

Susan Kumpel
If Changing Registered Agent, Signature of New Registered Agent

**ARTICLES OF AMENDMENT
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ARTICLES OF ORGANIZATION
OF**

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New Registered Office Address:

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Enter Florida street address

Tallahassee

City

Florida 32301

Zip Code

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Richard Ryan	17179 Edgewater Drive	<input checked="" type="checkbox"/> Add
		Port Charlotte, FL 33948	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lynn Ryan	17179 Edgewater Drive	<input checked="" type="checkbox"/> Add
		Port Charlotte, FL 33948	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Andrew Buddle	2571 Cherokee Street	<input checked="" type="checkbox"/> Add
		North Port, FL 34286	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Richard R. Ryan	17179 Edgewater Drive	<input type="checkbox"/> Add
		Port Charlotte, FL 33948	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Lynn M. Ryan	17179 Edgewater Drive	<input type="checkbox"/> Add
		Port Charlotte, FL 33948	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Andrew P. Buddle	2571 Cherokee Street	<input type="checkbox"/> Add
		North Port, FL 34286	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

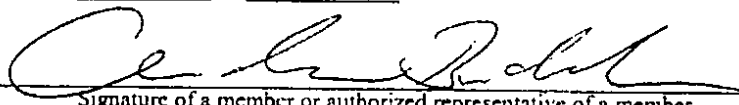
F. Effective date, if other than the date of filing: _____ (optional)

(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 3-9-2020, _____



Signature of a member or authorized representative of a member

Andrew Buddle

Typed or printed name of signee

Filing Fee: \$25.00