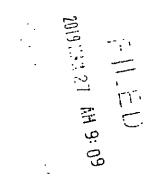
L12000046217

Office Use Only



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MAR 28 2019 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Artsy Amore LLC		
(Name	of Limited Liability C	Company)
The enclosed member, resignation or d	issociation and fee	e(s) are submitted for filing.
Please return all correspondence conce	rning this matter to	O:
Marilyn B Pelletti		
(Contact Person)		
Rymar Ventures Inc	1	
(Firm/Company)		<u> </u>
1805 Santana Way		
(Address)		
Lady Lake, FL 32159		
(City/State and Zip Code)	
For further information concerning this	s matter, please ca	II:
Marilyn Pelletti	352	8542090
(Name of Contact Person)	at ((Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made pay \$25 Filing Fee	yable to the Florid S55 Fil	a Department of State for: ing Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



February 26, 2019

MARILYN B. PELLETTI RYMAR VENTURES INC 1805 SANTANA WAY THE VILLAGES, FL 32159

SUBJECT: ARTSY AMORE, LLC Ref. Number: L12000046217

We have received your document for ARTSY AMORE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 519A00004075

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www.sunbiz.org







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the li	mited liability company as	it appears on the records of the Florida Department
of State is:	Amore LLC	
2. The Florida docu	ment/registration number as	signed to this limited liability company is:
L12000046217	_	
3. The date this men	nber/manager withdrew/res	igned or will withdraw/resign is:
Ryan Nicholas	s Brooks	, hereby withdraw/resign as a
(Print No	me of Person Resigning)	, hereby withdraw/resign as a
authorized me	mber .	
	Print Title)	
of this limited liab resignation in wri	oility company and affirm th ting.	ne limited fiability company has been notified of my
Lyan	Mounta	Manager
Signature of Di	ssociating Member or Resig	fuluf Manafer
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	