L12000156511

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(Document Number)
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SECRETARY OF STATE

OCT 3 0 2013

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

RHYANT AND PAGE ENTERPRISES, 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:

WILLIAM N. SWIFT

Name of Person

WILLIAM N. SWIFT, P.A.

Firm/Company

901 MARTIN DOWNS BLVD. SUITE 207

Address

PALM CITY, FLORIDA 34990

City/State and Zip Code

WSWIFT@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEROME RHYANT

,,,772、460-**24**45

Name of Person

Area Code & Daytime Telephone Number

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)

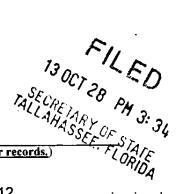
MAILING ADDRESS:

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



RHYANT AND PAGE ENTERPRISES, LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	ompany were filed on 12/14/2012	and assigned
Florida document number L12000156511	_ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
J RHYANT ENTERPRISES, LLC		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company," the designat	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addi	· -	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
	. Florie	da
	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	= Mai	naging Member			
<u>Title</u>		Name	•	Address	Type of Action
	_		_	- And the state of	_
					Remove
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					Remove

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• •	
· ·	
Dated Octo	ober 21, 2013 _N
•	Det-
_	Signature of a member or authorized representative of a member
	Jeron∕e Rhyant, Ma∕naging Member
_	Typed or printed name of signee
ŧ	Page 3 of 3

Filing Fee: \$25.00