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Amend

JUN 215 2020

LALBRITTON

## **COVER LETTER**

Division of Cor			
The Law C	Offices of Ryan T. Hughes, L.L.		
SUBJECT:			
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		_	
riease return an correspo	ndence concerning this matter	to the following:	
	Ryan T. Hughes		
		Name of Person	
	The Law Offices of Ryan	T. Hughes, L.L.C.	
	<del> </del>	Firm/Company	
	19915 Gulf Blvd, Unit 60	)[	
	**************************************	Address	
	Indian Shores, FL 33785		
	Ryan@ryanhugheslaw.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report n	otification)
For further information c	oncerning this matter, please c	all:	
Craig Isaac Astrin		239 822-736	
Nume o	f Person	at () Area Code Davi	time Telephone Number
Name o	T CISON	Area code Days	anic receptione stander
Enclosed is a check for th	ne following amount:		
置 \$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 Addres		Street Address:	
Registration S Division of C		Registration S Division of C	
P.O. Box 632	-	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE LAW OFFICES OF RYAN T. HUGHES, L.L.C.

(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our rec	ords.)
(A Florida Limit	led Liability Company)	
The Articles of Organization for this Limited Liability Comparing L13000161746	any were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	2	2002
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		20/20 JUIL 10 PH 2: 27
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>ent</u>	er the name of the new register
Name of New Registered Agent:		-
New Registered Office Address:	Enter Florida street ada	lress
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off.	ete performance of my duties, as provided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Craig Isaac Astrin	19915 Gulf Blvd, Unit 601, Indian Shores, FL 33785	<b>=</b> Add
			Remove
			Change
		·	□Add
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			Change

	<del> </del>
Effective date, if other than	the date of filing: (optional)
Note: If the date inserted in th	e must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (anis block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
he record specifies a delayed effo ord is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
June 5	2020
Dated	
	1/1//
	Signature of a member or authorized representative of a member