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JUL 0 7 2014 D. BRUCE

COVER LETTER

TO:

Registration Section Division of Corporations

RYD INTERNATIONAL, LLC

SUBJECT:

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:

BJORN ROSINUS

Name of Person

RYD INTERNATIONAL, LLC

Firm/Company

23190 FASHION DRIVE # 205

Address

ESTERO, FL 33928

City/State and Zip Code

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

For further information concerning this matter, please call:

BJORN ROSINUS

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

EXD J	sternational, UC
(<u>Name of the Limite</u> (.	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	ability Company were filed on $\frac{12}{1113}$ and assigned $\frac{312}{2}$.
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and end with the w	vords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	(ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	(OX) (特別 I))
B. If amending the registered agent and/o	r registered office address on our records, enter the name of the new
registered agent and/or the new registered offi	
	SI :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin Coda

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = 'Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MAYAK, LLC	15927 SECOYA RESERVE CIR	= Add
		NAPLES, FL 34110	Remove
			Add
			Remove
			Add
			□ Remove
			_
			□ Add
			□ Remove
			
			Add P
			PARemove
			□ Add
			Remove

-	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or , led date and cannot the date this document is filed by the Florida Department of State)	. (optional) ot be more than 90 days after
(The effective date must be specific, cannot be prior to date of receipt or "led date and cannot the date this document is filed by the Florida Department of State)	(optional) ot be more than 90 days after
The effective date must be specific, cannot be prior to date of receipt or "led date and cannot the date this document is filed by the Florida Department of State) Dated	ot be more than 90 days after
11 3 2014	ot be more than 90 days after
The effective date must be specific, cannot be prior to date of receipt or "led date and cannot the date this document is filed by the Florida Department of State) Dated	ot be more than 90 days after

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Filing Fee: \$25.00

