Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document

(((H16000231107 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: CHEFFY PASSIDOMO, P.A.

Account Number: I20020000108

(239) 261-9300

Phone Fax Number

: (239)261-9782

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

ANDREYOUSE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RYD INTERNATIONAL, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

## (((H16000231107 3))) COVER LETTER

|                 |              | ration Sect<br>in of Corpo      |                                                                           | •                                                           |                                                                                        |  |  |
|-----------------|--------------|---------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------|--|--|
| 01 ID 10 4      |              | YD Internal                     | tional, LLC                                                               |                                                             |                                                                                        |  |  |
| SUBJEC          | -1: <u> </u> |                                 | Name of Limi                                                              | ted Liability Company                                       |                                                                                        |  |  |
|                 |              |                                 |                                                                           |                                                             |                                                                                        |  |  |
| The encl        | losed Ai     | rticles of A                    | mendment and fee(s) are subr                                              | nitted for filing.                                          |                                                                                        |  |  |
| Please re       | turn all     | correspond                      | dence concerning this matter t                                            | to the following:                                           |                                                                                        |  |  |
|                 |              |                                 | Andrey Doroshenko                                                         |                                                             |                                                                                        |  |  |
|                 |              |                                 | • • • • • • • • • • • • • • • • • • • •                                   | Name of Person                                              |                                                                                        |  |  |
|                 |              |                                 | Mayak, LLC                                                                |                                                             |                                                                                        |  |  |
|                 |              |                                 |                                                                           | Pirm/Company                                                | <del></del>                                                                            |  |  |
|                 |              |                                 | 15927 Secoya Reserve Circ                                                 | ele                                                         |                                                                                        |  |  |
|                 |              | Address                         |                                                                           |                                                             |                                                                                        |  |  |
|                 |              |                                 | Naples, FL 34110                                                          |                                                             |                                                                                        |  |  |
| į               |              |                                 |                                                                           | City/State and Zip Code                                     |                                                                                        |  |  |
|                 |              |                                 | andrey008@yshoo.com                                                       | to be used for fliture annual r                             | anart notification)                                                                    |  |  |
| For furth       | her info     | rmation co                      | ncerning this matter, please ca                                           |                                                             | opor nottucation,                                                                      |  |  |
|                 |              | ostino, Bsq.                    |                                                                           |                                                             | <b>-</b> 9300                                                                          |  |  |
|                 |              | Name of                         |                                                                           | Area Code                                                   | Daytime Telephone Number                                                               |  |  |
|                 |              |                                 |                                                                           |                                                             |                                                                                        |  |  |
| Enclose         | d is a cl    | neck for the                    | following amount:                                                         |                                                             |                                                                                        |  |  |
| <b>■ \$</b> 25. | .00 Filh     | ng Fee                          | □ \$30.00 Piling Fee &<br>Certificate of Status                           | S55.00 Filing Fee & Certified Copy (additional copy is encl | Certificate of Status &                                                                |  |  |
|                 |              | Registra<br>Division<br>P.O. Bo | NG ADDRESS:<br>tion Section<br>of Corporations<br>x 6327<br>see, FL 32314 | Registrati<br>Division<br>Clifton B<br>2661 Exe             | /COURIER ADDRESS: on Section of Corporations uilding outive Center Circle ee, FL 32301 |  |  |

## ARTIKUHESOOG2AMENI) MENT TO ARTICLES OF ORGANIZATION OF

| RYD International, LLC                                                                                                |                                                              |                        |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited)                                                           | iny as it now appears on our records.)<br>Liability Company) | <del></del> _          |
| The Articles of Organization for this Limited Liability Company                                                       | were filed on 12/11/2013                                     | and assigned           |
| Florida document number L13000171212                                                                                  |                                                              |                        |
| This amendment is submitted to amend the following:                                                                   |                                                              |                        |
| A. If amending name, enter the new name of the limited liab                                                           | ility company here;                                          |                        |
| The new name must be distinguishable and contain the words "Limited Liabi                                             | lity Company," the designation "LLC" or the                  | abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:                                                                   | 15927 Secoya Reserve Circle                                  | 〒の ご                   |
| (Principal office address MUST BE A STREET ADDRESS)                                                                   | Naples, FL 34110                                             | FE: 22                 |
|                                                                                                                       |                                                              |                        |
|                                                                                                                       |                                                              |                        |
| Enter new mailing address, if applicable:                                                                             | 15927 Secoya Reserve Circle                                  |                        |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                            | Naples, FL 34110                                             | - S 5 -                |
|                                                                                                                       |                                                              | 20 CI                  |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her |                                                              | er the name of the new |
| Name of New Registered Agent:                                                                                         | <del></del>                                                  |                        |
| New Registered Office Address:                                                                                        | Enter Florida strees address                                 |                        |
|                                                                                                                       | Eum Lioling men annem                                        |                        |
|                                                                                                                       | Ciry, Florida                                                | Zin Code               |
| New Registered Agent's Signature, if changing Registered Agent:                                                       | •                                                            | ap some                |

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

Page 1 of 3

## If amending Authorized Person(s) authorized ((Manage) and Address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address                     | Type of Action                         |
|--------------|-------------|-----------------------------|----------------------------------------|
| MGR          | Mayak, LLC  | 15927 Secoya Reserve Circle |                                        |
|              |             | Naples, FL 34110            | □ Rcmove                               |
|              |             |                             | Change                                 |
|              |             |                             | 🗖 Add                                  |
|              |             |                             | □ Remove                               |
|              |             |                             | Change                                 |
|              |             |                             |                                        |
|              |             |                             | ☐ Remove                               |
|              |             |                             | Change                                 |
|              |             |                             | Add                                    |
|              |             |                             | ☐ Remove                               |
|              |             |                             | . □ Change                             |
|              |             |                             | Add  ACC  ACC  ACC  ACC  ACC  ACC  ACC |
|              |             |                             | Change                                 |
|              |             |                             | Add O                                  |
|              |             |                             | Change                                 |

| i amending any other information, enter c性性 <b>160002</b> 3/1107h 3科(tional sheets, j                                                                                                                                                                                                                                                                                                                                                                        | necessary.)                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |
| ·                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |
| fective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day ote: If the date inserted in this block does not meet the applicable statutory filing requirement occument's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12 The 90th day after the record is filed. | , this date will not be listed as |
| ated 9/16/2016                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |
| maneger ma                                                                                                                                                                                                                                                                                                                                                                                                                                                   | n ber PE 5                        |
| Signature of a member or authorized representative of a member                                                                                                                                                                                                                                                                                                                                                                                               |                                   |
| Andrey Doroshenko, as Managing Member of Mayak, LLC                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |
| Typed or printed name of signee                                                                                                                                                                                                                                                                                                                                                                                                                              | 77 (C) Dem                        |
| Page 3 of 3                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10.80<br>10.80<br>10.80<br>10.80  |
| Filing Fee: \$25.00                                                                                                                                                                                                                                                                                                                                                                                                                                          | • •                               |

· (((H16000231107 3)))