## 114000148301

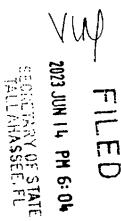
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## **COVER LETTER**

UBJECT:	Name of Limited Liability Company
	Name of Limited Elaphity Company
he enclosed Article	es of Amendment and fee(s) are submitted for filing.
lease return all cor	respondence concerning this matter to the following:
	George H. Knott, Esq.
	Name of Person
	Knott Ebelini Hart
	Firm/Company
	1625 Hendry Street, Suite 301
	Address
	Fort Myers, Florida 33901
	City/State and Zip Code
	robin@premierportablesfl.com
	E-mail address: (to be used for future annual report notification)
ror turtner informat	ion concerning this matter, please call:
George H. Knott	239 334-2722 at ()
N:	me of Person Area Code Daytime Telephone Number

**Mailing Address:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed).

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status & Certified Copy

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PREMIER PORTABLES, LLC

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

(A Florida Limit	ed Liability Company)	
The Articles of Organization for this Limited Liability Comparison document number $\frac{1.14000148301}{1.14000148301}$ .	any were filed on 09/22/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
RY Restrooms, LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7200 BERGAMO WAY #1	101
(Principal office address MUST BE A STREET ADDRESS)	FORT MYERS, FL 33966	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	7200 BERGAMO WAY #1 FORT MYERS, FL 33966 ce address on our records, en	PH 6: 0
Name of New Registered Agent: N/A		_
New Registered Office Address:	Enter Florida street ade	dress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	

## 1

Thereby 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
N/A			
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
		-	□Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	
		<del></del>	□Add
			□Remove
		<u></u> .	□Remove
			□Chanve

Effective date, if other than the date of filing:  In effective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695 0247  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 1230 a.m. on the earlier of: (b) The 90th day after the d is filed.  Signature of a member organizative of a member.  Robin Younnans. Manager		N/A
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Signature of a member or authorized expresentative of a member		
	Dated	Ine 9 2023
Robin Youmans, Manager		Signature of a member or authorized expresentative of a member
		Robin Youmans, Manager

Filing Fee: \$25.00