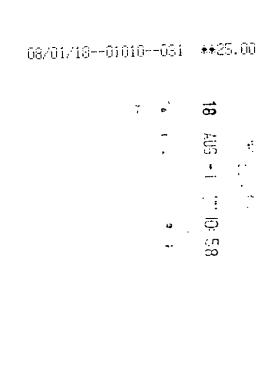
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(Re	equestor's Name)			
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(Document Number)				
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S. PRATHER

COVER LETTER

TO: * Registration Section Division of Corporation			
SUBJECT: ROY	MV15+Meuts,	ted Liability Company	
The enclosed Articles of Am	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Ry	an D. York Name of Person	
	RD'	Trychneus,	UC
	46 MO	rning Odory O	<u>0.</u>
	<u>De Da</u>	Chy/State and Zip Code	13
-	E-mail address: (1	o be used for future annual report no flig	mail.com
For further information conc	erning this matter, please ca	ıll:	
Name of Po). Voik	at (324) 247 Area Code Daytime	-O6 Y 3 Telephone Number
Enclosed is a check for the f	ollowing 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

RDY I	rustments, LL	<u> </u>
(<u>Name of the Limited Lial</u> (A Floi	bility Company as it now appears on our rida Limited Liability Company)	records.)
`	, , , , , , , , , , , , , , , , , , ,	al 10 " " " " "
The Articles of Organization for this Limited Liability	y Company were filed on $02/$	15/18 and assigned
Florida document number 450000 4		
Tiorida document infiniteir	Z P O	<u>•</u> i
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	r. Ö
		~ − − − − − − − − − − − − − − − − − − −
The new name must be distinguishable and contain the words "L	imited Liability Company "the designation	
The new name of distinguishable and contain the words	sininea Blassing Company, are acaignated	in the of the aboveviation blace.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		ecords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		. Florida
	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 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

MGR = Manager AMBR = Authorized Member Name 1 **Address Type of Action** 46 Morning Blory Dr DAdd
Debary, FL 32713 Remo Secretary □ Change □ Add _□ Remove ____ □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove Change □ Add ☐ Remove _□ Change ☐ Add □ Remove _□ Change

. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

			
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E. Effec	etive date, if other than the date of filing:(optional)		
(If an e	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) It is the date inserted in this block does not meet the applicable statutory filing requirements, this date we ment's effective date on the Department of State's records.	ursuant to 6	05.0207 (3)(b sted as the
If the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or e 90th day after the record is filed.	the ear	lier of:
Date	July 6 2018.		
			- ,
	Signature of a member or authorized representative of a member Alau D. Vork, Prosi Authorized		E
	Signature of a member or authorized representative of a member		

Filing Fee: \$25.00