

LIS000081891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

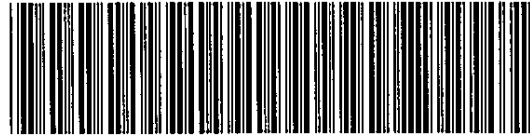
(Business Entity Name)

(Document Number)

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FILED
2015 AUG 24 PM 12:26
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

N. Gulligan AUG 25 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ryan Group Holdings, LLC

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:

Kathleen A Gfrorer

Name of Person

Landmark Capital Inc.

Firm/Company

1100 Jorie Blvd., #364

Address

Oak Brook, IL 60523

City/State and Zip Code

kgfrorer@landmarkcpi.com

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

For further information concerning this matter, please call:

Kathleen A Gfrorer

630 990-1800

at ()

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

FILED

2015 AUG 24 PM 12: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ryan Group Holdings, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/08/2015 and assigned
Florida document number L15000081891.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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

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>	<u>Type of Action</u>
MGR	Michael John Zientara	333000 Irongate Dr	<input type="checkbox"/> Add
		Leesburg, FL 34788	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Issac DeWayne Bracy	713 Fernleaf Dr	<input type="checkbox"/> Add
		Ruskin, FL 33570	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jennifer Ripo	1970 Cattlemen Rd	<input type="checkbox"/> Add
		Sarasota, FL 34232	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kathleen A Gfrorer	1783 Luther Lowell Lane	<input type="checkbox"/> Add
		Sycamore, IL 60178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Thomas C Reynolds	1100 Jorie Blvd., #364	<input checked="" type="checkbox"/> Add
		Oak Brook, IL 60523	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

FILED
2015 AUG 24 PM 12:26
CLERK OF STATE
TREASURY FLORIDA
TALLAHASSEE

E. Effective date, if other than the date of filing: _____ (optional)

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 8/20 2015

TC Reynolds

Signature of a member or authorized representative of a member

Thomas C Reynolds

Typed or printed name of signee