## L16000150827

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2022 HAR -7 AM II: OS SECRETARY OF STATE

A. BUTLER MAR 15 2022

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: Ryan's Co.	struction LLC (	yein's Construction	LLC
	Name of Lin	iifed Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ryan Francis	•	
		Name of Person	
	Ryan's Construction LLC		
		Firm/Company	
	3738 S.E. 3rd Ave		
		Address	
	Cape Corai		
	N. O. C.	City/State and Zip Code	•
	RyansConstructionI I Cities	mad.com	
		to be used for future annual report not	tates at econd
For further information e	oncerning this matter, please c	ull:	
kyan Francis		at ( <u>232)</u> 2578744	
Name o	f Person	at ( <u>239</u> ) <u>2578744</u> Area Code Daytir	ne Telephone Number
Enclosed is a check for the	<u>-</u>		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filling Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Addres	s:	Street Address:	
Registration S	Section	Registration Se	
Division of C		Division of Co	
P.O. Box 632 Tallahassee, I		The Centre of	Tallahassee oc Street, Suite 810
rananassee, i	. III 24211	2910 N. MOHR	ic outen oute 910

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 HAR -7 AM II: 09

Ryan's Construction LLC

(Name of the Limited Liability Company as it now appears on our record TAR TAR TOF STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 08/11/2016 and assigned Florida document number L16000150827 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 "LLC." 3738 SE 3rd Ave Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Cape Coral, FL 33904 Enter new mailing address, if applicable: 3738 SE 3rd Ave (Mailing address MAY BE A POST OFFICE BOX) Cape Coral, FL 33904n 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: N/ANew Registered Office Address: Enter Florida street address

## 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 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>	Address	Type of Action
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<u>'('</u> ,	Signature of	a member or aut	horized representa	tive of a memb	ег		

Filing Fee: \$25.00