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COVER LETTER

	Registration Se Division of Cor		* **						
SUD IEC		NO GROUP LLC							
SUBJEC	.1:	Name of Lim	ited Liability Company	 					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please re	turn all correspo	ondence concerning this matter	to the following:						
		JAMES N. REYER, ESC	QUIRE						
		REYER LAW GROUP,	Name of Person P.A.						
	Firm/Company 5301 NORTH FEDERAL HIGHWAY, SUITE 130								
		BOCA RATON, FL 33-	Address						
			City/State and Zip Code						
		E-mail address: (to be used for future annual report no	otification)					
For furth	er information c	oncerning this matter, please ca	all:						
JAME	S N. REYER, E	SQUIRE	561 241-900 at (3					
	Name o	f Person		ime Telephone Number					
Enclosed	l is a check for t	ne following amount:							
\$25.0	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)					
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive	porations					

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE RYNO GROUP LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appeability Company	ars on our record	is.)
The Articles of Organization for this Limited Liability Company w	vere filed on _	04/24/2017	and assigned
Florida document numberL17000089702			-
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company	here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the	e designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
			2-3.
			36-5 G H
Enter new mailing address, if applicable:			23.2 w
(Mailing address MAY BE A POST OFFICE BOX)			
			96
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		on our record	s, enter the name of the r
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	orida street addres	is .
		, FI	orida
	City		Zip Code

New Registered Agent's Signature, it 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>	Address	Type of Action
AMBR	BRENDA TATEM	2400 NW 39TH STREET BOCA RATON, FL 33431	Add
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			☐ Change
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neffective date is list te: If the date inse	ed, the date must be sported in this block do date on the Departi	ecific and co ses not me	annot be prio et the applic	cable statut	iling or mor ory filing	e than 90 d requireme	ays after fi	ling.) Purs	uant to 6 101 be li	605,020 isted as
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	🗾 🗾 Signa									

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