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(Rec	questor's Name)	
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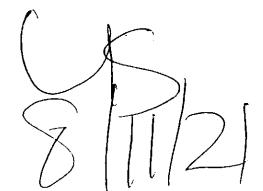
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COVER LETTER

TO:

Registration Section Division of Corporations

	KATO RUMBERG, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Tomoko Ryan				
		Name of Person		-	
		Firm/Company		202	
	411 CLEVELAND STREE	ET. #118	ALLA	1 JUL 2	
		Address	2000 2000	9	ec, tatus &
	CLEARWATER, FL 3375	City/State and Zip Code	COF SEC. F	ED PH 2: 09	
	TomokoKRyan@gmail.com	1		9	
For further information c	e-mail address: (concerning this matter, please c	to be used for future annual report notifall:	ication)		
Tomoko Ryan		310 729-8662 at ()			
Name o	of Person		Telephone Number		-
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fi Certifica Certified (additional	te of St Copy	latus &
<u>Mailing Addre</u> Registration Division of C	Section	Street Address: Registration Sec Division of Cor			
P.O. Box 632 Tallahassee,	27	The Centre of T 2415 N. Monroe	allahassee	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOMOKO KATO RUMBERG, LLC		
(Name of the Limited Liability Com (A Florida Limited	pany <u>as it now appears on our record</u> d Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compar Florida document number 1.18000062287	y were filed on 03/09/2018	and assigned
This amendment is submitted to amend the following:		
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the limited lia	ibility company here:	
TOMOKO KATO RYAN, LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2021 SEC
Principal office address MUST BE A STREET ADDRESS)		
		20
		SCORE S
Enter new mailing address, if applicable:		HOS S
Mailing address MAY BE A POST OFFICE BOX)		FAI 0
		1.1 W
3. If amending the registered agent and/or registered office	e address on our records, <u>enter</u>	the name of the new registo
gent and/or the new registered office address here:		
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street addres	S
	, Flo	orida
	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 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	Tomoko K. Ryan	411 Cleveland Street, #118	
		Clearwater, FL 33755	□Remove
			■ Change
			□Add
			Remove
			SECUL JUL 29
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ective date, if other than the date of filing:	(option:	al)
effective date is listed, the date must be specific and cannot be prior to date of filing or te: If the date inserted in this block does not meet the applicable statutory file.	more than 90 days after fili ing requirements, this da	ing.) Pursuant to 605.02 ate will not be listed
nument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m s filed.	n, on the earlier of: (b)	The 90th day after t
ed 7-1-21		
ed Tool Tool Tool	. 1	