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## **COVER LETTER**

Division of Co	orporations		
SUBJECT:	Ryerson FA	nuncial LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Lew	Name of Person	
	Gres.	renor Ventures LL	
	-	Firm/Company	
	3001	5. Ocean Drive	# 525
	Holly wood	FZ 33619 City/State and Zip Code	
		City/State and Zip Code	
	guentures de p	to be used for future annual report notif	<del></del> -
	h-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please concerning	all:	
Lei?	Pershin	at $(248)$ $+30$	-0440
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:

TO:

Registration Section

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

RyerSon Francial	LLC			
Name of the Limited Liability Company a (A Florida Limited Liab	as it now appears on our records.) ility Company)			
The Articles of Organization for this Limited Liability Company we Florida document number <u>し</u> 1 30000キ9キSO				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability  Ryce Son Financial Partners LLC  The new name must be distinguishable and contain the words "Limited Liability Continued				
The new name must be distinguishable and contain the words "Limited Liability C	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)	110 E. Brownd Blod			
(Principal office address MUST BE A STREET ADDRESS)	July #1/100			
_	tt. Laurderdale, FL 33301			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	110 E. Brownd Blud Sote#1700 ft. Cardendal, FL 33301			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:				
Name of New Registered Agent: (7005001	S. Cean Drive #525  Enter Florida street address  City Zip Code			
New Registered Office Address: 3001	S. Gean Drive #525			
/) i,	Enter Piorida street dadress			
Mollywa	. Florida JOUI 9			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree t	o act in this capacity. I further agree to comply with the			

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

Page 1 of 3

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> **Type of Action** <u>Address</u> Noam Katz 622 Howard Ave BAdd West Hempsterd, NY 11552 □ Change AMBR Grossenir Ventrolle 3001 S. Ocean Prive #525 Add Hollywood, FL 33019 ☐ Change □ Add ☐ Remove ☐ Change PA Spange □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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The 90th day afte	200	\ \ C	)			
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Filing Fee: \$25.00