Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Ryerson Financial Partners 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:
Lou: Pershin
Name of Person
Firm/Company
110 F Bonned Blad HATO
110 E Browned Blad #1700
Ft. (quiderdale) FL >3301
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Levi Pershih 305, 570 7366
Name of Person at (305) 570 7366  Area Code Daytime Telephone Number
· ····································
Enclosed is a check for the following amount:
2 \$25.00 Filing Fee \$\Bigcup \text{\$\$\$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$\$\$\$\$\$\$\$\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \$

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

Ryerson	F. Sancil	Pautnery C		
(Name of the Limited		as it now appears on		
The Articles of Organization for this Limited Liab Florida document number <u>しし</u> ያりつの ティチ	ility Company w	ere filed on	28/18	and assigned
This amendment is submitted to amend the follow	ing:			
		e te	Partners	4
The new name must be distinguishable and contain the word	·	Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le: _			
(Principal office address MUST BE A STREET)	ADDRESS)			<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BC  B. If amending the registered agent and/or registered agent and/or	registered offic	e address on ou	r records, ente	AUG 21 PM 3: 20 AHASSEE, FLORIDA he name of the new
Name of New Registered Agent: New Registered Office Address:		Enter Florida:	street address	33301 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Grosvenor Ventury LIC	7001 5 Ocean Dr \$521	🖸 Add
		Hollywood Pl, 37019	Remove
			Change
AMBR	Noan Kutz	622 Howard Ave	🗆 Add
		West Hempsted, NV 11552	Remove
			Change
Pres +	t Loui Pershh 1	110 E Brown BLA #1900	D Add
MEL		Ft. Carderdele FL 33301	□ Remove
			🗆 Change
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(If an effec Note: 11	e date, if other than the date of filing:	207 (3 as th
The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated _	August 17th 2018	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	