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(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		ELENA, LLC		
30001		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub-	-	
Ficase	return an correspo	Baccar Ennayal	to the following.	
		Ryan & Selena, LLC	Name of Person	
		10020 Tate Lane	Firm/Company	
		Tampa, FL 33626	Address	
		bennayal@pegasustsi.com	City/State and Zip Code	Gontian)
For fur	ther information c	oncerning this matter, please ca	·	icanon
Bacca	Ennayal Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclos	ed is a check for th	he following amount:		
\$ 2	5.00 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)
	MAIL	ING ADDRESS:	STREET/COURI	ER 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

19 MON 25 M 9: 20

RYAN & SELENA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab Florida document number L18000265962	offity Company were filed on 11/14/2018	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ado	dress
		Florida
	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 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
P	Baccar Ennayal	10020 Tate Lane	
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		Tampa, FL 33626	
		.	■ Remove
			Change
	Barrar Ennayal	10020 Tate Lane	
AMBR			
		Tampa, FL 33626	
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e: If the date inse	erted in this block do	es not meet the applic	r to date of filing cable statutory :	iling requirements, t	his date will not be listed
	date on the Departm				
ecord specifie	s a delayed effec	tive date, but no	ot an effectiv	e time, at 12:01	a.m. on the earlier
he 90th day af	fter the record is	filed.			
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ed November	18th	2019	·	// _	
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				11/	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00