## L18000267369

(Re	questor's Name)	
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## **COVER LETTER**

TO: Registration S Division of Co			
SURIFCT:	Ryan Farm Parm Parm Parm of Limi	where ILC	
30b3Ec1.	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	Randi	Hodge Name of Person	
	Mtvan	NVESTMENTS, IN	<u>C.</u>
		Kirkman Rd Address	
	DVland	-o F 32819	
	Vhodec E-mail address: (to	City/State and Zip Code  a in tram. Com o be used for future annual report notifi	cation)
For further information	concerning this matter, please ca		
Randy-	Hod Sc of Person	at (407) 354-2 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 Addre Registration	Section	Street Address: Registration Sec	
Division of O P.O. Box 633		Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ryan Farm Par  (Name of the Limited Liability Compar (A Florida Limited L	twers, LLC  yy as it now appears on our records.)  iability Company)
The Articles of Organization for this Limited Liability Company 「Florida document number <u>L 18000 767 369</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	5555 S. Kirkman Pd # 201
(Principal office address MUST BE A STREET ADDRESS)	Drando Fr 32819
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	
Name of New Registered Agent:	andy Hodge
	So Si Kinkman Rd #201  Enter Florida street address
0	Mando Florida F 3281.9  City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agraphy provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
MGR	Rashid Knatib	5555 S. KiVII Man Rd #20	Add
41 Presid	ent	Drando fr 32819	□Remove
			□Change
<u> </u>	Randy Hodge	5555 S. K.McMan Fd # 20	1 DAdd
		Drando Fr 32819	🗆 Remove
			Change
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			⊃ ∏ ⊃E ☐ ⊃n□Remove
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	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
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## 2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L18000267369

Entity Name: RYAN FARM PARTNERS, LLC

**Current Principal Place of Business:** 

5341 WATERVISTA DRIVE ORLANDO, FL 32821

**Current Mailing Address:** 

5341 WATERVISTA DRIVE ORLANDO, FL 32821 US

FEI Number: 83-2591059

Certificate of Status Desired: No

**FILED** Oct 13, 2019

Secretary of State

4846339502CC

Name and Address of Current Registered Agent:

MUSALLAM, SULEIMAN 5341 WATERVISTA DRIVE ORLANDO, FL 32821 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SULEIMAN MUSALLAM

10/13/2019 Date

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

MGR

Name

BISHARA, MARWAN

Address

5341 WATERVISTA DRIVE

City-State-Zip: ORLANDO FL 32821

FILED 2020 NOV 18 PM 5: 09

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.