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(Address)	
(Address)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Liability Company	The state of the s
The enclosed Articles of Amendment and fee(s) are submitted for filing.	` ,
Please return all correspondence concerning this matter to the following:	· & .
Name of Person Firm/Company Firm/Company Address Address City/State and Zip Code Fangul 2 grail con E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Carl Fangue at (504) 202 6698	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

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

TO ARTICLES OF ORGANIZATION OF

Ryjax	LLC E, is
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lie Florida document number 49000 399	
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	(ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	SOX)
B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered office address on our records, <u>enter the name of the new</u> ice address here:
Name of New Registered Agent:	
New Registered Office Address:	2182 Shaw Lane Enter Florida street address
	Orlando Florida 22114 City Zip Code
New Registered Agent's Signature, if changing Ri	egistered Agent

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date (If an effective date Note: If the date document's eff	ite is listed, the ate inserted	e date must be in this block	e specific and k does not r	d cannot be meet the ap	oplicable sta	of filing or matutory filing	one than On da	(optional) ys after filing.) its, this date	\ Dunwant to 40)5.0207 (ted as t
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Page 3 of 3

Filing Fee: \$25.00