119000042578

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| TO: | Registration Se Division of Cor | | | | | | |
|--|------------------------------------|--|---|--|--|--|--|
| emb | TELESCOPIE. | struction LLC | | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | | | |
| The | enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Pleas | se return all correspo | indence concerning this matter | to the following: | | | | |
| | | Ramon Rodriguez Yera | | | | | |
| | | | Name of Person | | | | |
| | | | Firm/Company | | | | |
| | | 6917 W Clifton St | | | | | |
| | | | | | | | |
| | | Tampa, FL 33634 | | | | | |
| | | RamonRodriguez2105@gm | City/State and Zip Code nail.com | | | | |
| | | E-mail address; (| to be used for future annual report noti | fication) | | | |
| For f | further information e | oncerning this matter, please ea | all: | | | | |
| Ram | non Rodriguez Yera | | 813, 45 <i>5</i> | - 6300 | | | |
| | Name o | f Person | Area Code Daytim | e Telephone Number | | | |
| Encl | osed is a check for the | ne 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 melosed) | | | |

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

| RYTO Construction LLC | | |
|--|---|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | nny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L19000042578</u> . | were filed on 2/12/2019 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| RYTO Installation & Remodeling LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 19 |
| (Principal office address MUST BE A STREET ADDRESS) | | 2 T |
| | | |
| | | m o m |
| Enter new mailing address, if applicable: | | 三 李〇 |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| Statung dudress PLAT BE A FOST OFFICE BOX | | 5 - 5 |
| | | · |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | r the name of the ne |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | Enter Florida street address | |
| | r.mer ruoraa street aaaress | |
| | , Florida _ | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | • | 2.17 × 0.00 |
| | | |
| I hereby accept the appointment as registered agent and agreations of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing 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 provided for in Chapter 605, F.S. O | familiar with and r, 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 | Mayda Chavez Martin | 6917 W Clifton St Tampu, FL 33634 | = Add |
| | | | ☐ Remove |
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| F Effecti | 7/1/2019 ve date, if other than the date of filing: |
| (If an eff <u>Note:</u> | rective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records. |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| Dated | July 1 |
| | // // // // // // // // // // // // // |
| | Signature of a member or authorized representative of a member |

. . . .

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Filing Fee: \$25.00