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## **COVER LETTER**

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eun ir <i>e</i>	Ryhs & Co.	LLC		
SUBJEC	·	Name of Lim	ited Liability Company	
The enclo	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please reti	urn all correspo	ndence concerning this matter	to the following:	
		Ann S Johnson		
			Name of Person	<del></del>
		Dunlap & Moran PA		
			Firm/Company	
		6111 Exchange Way		
		<u></u>	Address	
		Lakewood Ranch, FL 3420	02	
		ajohnson@dunlapmoran.co	City/State and Zip Code	
			to be used for future annual report notifi	cation)
For furthe	r information co	oncerning this matter, please ca	·	,
Ann S. Jo	hnson		941 366-0115 at ( )	
	Name of		Area Code Daytime	Telephone Number
Enclosed i	is a check for th	e following amount:		
\$25.00	0 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 ADDRESS:

TO:

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

RYHS & CO. 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 Liability Company were filed on March 6, 2019 and assigned Florida document number 1.19000064525 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RHYS & CO. LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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			
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<u>ote:</u> If	e date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be prior to date of filing or mo  the date inserted in this block does not meet the applicable statutory filing it's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605.0207 requirements, this date will not be listed as
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recor	rd specifies a delayed effective date, but not an effective ti Oth day after the record is filed.	me, at 12:01 a.m. on the earlier of
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00