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Amend

JUN 1 2 2020 I ALBRITTON

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	CT:	^	ORING LLC ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspon	idence concerning this matter	to the following:	
		PETER	TABOYZA Name of Person	
		26UYS	5 FLOORING L	LC.
		108415	W DACBAN FUE DE	<u>e. </u>
		Part Swint (City/State and Zip Code	14987
		2 GUYSF E-mail address: (1	to be used for future annual report notific	MAIC.COM eation)
For furtl	her information co	ncerning this matter, please co	all:	
	ETER TA	BOCK Person	at (<u>772)</u> Area Code Daytime	18558 Telephone Number
Enclose	d is a check for the	e 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 Address Registration S		Street Address: Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RING LLC.
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u> </u>	ny were filed on DEC 27, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	702
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	122 F
B. If amending the registered agent and/or registered offic	e 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:	Emer Florida street address
	, 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	PETER TABORA	10841 SW DARDANGUE DR. Port Saint Lucia, PC 34987	
			□Remove
			□Change
AMBR	LUIS E MACEDA	4226 SW RAGEN St. 2014 Smot Lucie, Fl 34953	□Add
			□Remove
			X Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

ir amending	any other infor	mation, enter t	enange(s) ner	e. (Anach uta	monut sneets,	y necessary.)	
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Note: If the o	te, if other than a late is listed, the date date inserted in this ffective date on the	s block does not	meet the applic	able statutory fi	r more than 90 da ling requiremen	(optional) ys after filing.) Pe its, this date wil	irsuant to 605,0207 (3 Il not be listed as th
e record speci rd is filed.	fies a delayed effe	ctive date, but no	ot an effective t	ime, at 12:01 a.r	n, on the earlie	r of: (b) The 9	0th day after the
Dated <u>O</u>	5/18/2		member or auth	orized representat	ive of a member		
		PETE	*****	ORA ed name of signed			

Filing Fee: \$25.00