L200000 64032

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity)GtatesZipir none #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, , , , , , , , , , , , , , , , , , ,

Office Use Only



500344022275

05/08/20--01012--016 **25.00

O SIMMONS

COVER LETTER

•

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	D. N.	a L. 100 Ca	06
SUBJECT:	Name of Lim	ccounting Serv	(00)
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Claud	lia Schmidt Name of Person	
		Name of Person	
	- Rylia A	Firm/Company J	ices, LLC
	1406 5	11.2 12+1 Trr	
		W 13th Ter Address	
	Cape	Coral, FL 330 City/State and Zip Code	391
	clac	dia @ rylia serv	LCES.COM
For further information c	oncerning this matter, please ca		neation
\bigcap	· C · · · h		
<u> </u>	La Schinide	at (<u>708</u>) <u>\$30-</u> Area Code Daytin	8206
. vanc o	TELEVI	And Give Daying	te receptoite realities
Enclosed is a check for the	he following amount:		
√\$25.00 Filing Fee	S30.00 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 Addres		Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632		Division of Cou The Centre of 1	•

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RYLIA ACCOUNTING SERVICES 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 Compa	any were filed on FEI	3RUARY 26, 2020	and assigned
Florida document number 1.20000064032			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Li	iability Company." the de-	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Carrier and the address of court to be			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic	ce address on our re	cords, 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:			
		da street address	
	City	, Florida	Zin Code
New Registered Agent's Signature, if changing Registered Age			np Code
		anada I fanthan aan	es to assumbly with the
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change.	ete performance of n us provided for in Cl	ny duties, and I am fa hapter 605, F.S. Or. ij	miliar with and 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
AMBR	CLAUDIA SCHMIDT	1406 SW 13TH TER, CAPE CORAL, FL 33991	≣ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
		 	🗆 Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

				
				_
	·-	<u></u> .		
			<u> </u>	
		• •	•	
Effective date, if other than the If an effective date is listed, the date mu. Note: If the date inserted in this b document's effective date on the I	lock does not meet the appli	cable statutory filing requ	(optional) n 90 days after filing.) Pursuant to irements, this date will not be	605.0207 () listed as tl
e record specifies a delayed effectived is filed.	ve date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day a	ifter the
Dated APRIL 21	. 2020	·		
	signature of a member or aud	ccelt norized representative of a m	ember	-
CLAUDIA SCHMIDT	-	,		
		ted name of signee		-

• .

Filing Fee: \$25.00