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COVER LETTER

TO:

Registration Section Division of Corporations

	DRIVE LI.C				
SUBJECT:	Name of Lin	nited Liability Company		_	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Avraham Cutler				
		Name of Person			
	Ballon Stoll Bader & Nad	ler, P.C.			
		Firm/Company			
	810 Seventh Avenue, Suit	e 405.			
		Address		~	
	New York, NY 10019			2020 DEC 28 PM 4: 3	-
	 	City/State and Zip Code			
	dsemeniuk@ballonstoll.com	n		28	ſ
	E-mail address:	to be used for future annual report noti	fication)		15
For further information c	oncerning this matter, please c	all:		E ST	A
Daryna Semeniuk		212 575-7900 at ()		25 3 3 S	
Name o	f Person		e Telephone Numl	ber	
Enclosed 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)	Certifi Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)	
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section corporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations allahassee	· 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PUMPKIN DRIVE 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 $\frac{07/15/2020}{}$ and assigned Florida document number | L20000204980 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rylie Nicole 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: **(1)** Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

Zip Code

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
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			□Remove
			Change
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f an effective date i Note: If the date	if other than the is listed, the date must is inserted in this blo ctive date on the De	the specific and ock does not n	cannot be prior neet the applica	to date of filing of the statutory f	or more than 90 d	_ (optional) ays after filing.) F ents, this date w	ursuant t	o 605,0207 e listed as
	s a delayed effective	e date, but not	an effective ti	ne, at 12:01 a.	m. on the earli	er of: (b) The '	90th day	after the
d is filed.	r 15.	_	2020					
rd is filed.	r 15.		2020					

Filing Fee: \$25.00