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COVER LETTER

	ision of Cor			
SUBJECT:		ERVICES LLC		
SOBJECT		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		ROSANNE REMINGTON	1	
			Name of Person	
		RYMAR SERVICES LLC		
			Firm/Company	
		7809 CROSIER CT		
			Address	
		NEW PORT RICHEY FL	34653	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		RYMARSERVICESLLC@		
			to be used for future annual report no	otification)
For further i	ntormation c	oncerning this matter, please ca	all;	
ROSANNE	REMINGTO	N	302 482-1350 at (
	Name o	f Person		me Telephone Number
Enclosed is	a check for th	ne following amount:		
\$ 25,00 I	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)
	iling Addres gistration S		Street Address: Registration S	ection
		Corporations	Division of Co	orporations
	D. Box 632 Ilahassee, I		The Centre of 2415 N. Monr	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO 2020 AUG 10 PH 12: 05 OF

RYMAR SERVICES LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our recor imited Liability Company)	'ds.)
The Articles of Organization for this Limited Liability Con	npany were filed on 07/20/2020	and assigned
Florida document number L20000209817		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>ente</u>	r the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	PASS
		lorida Zip Code
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member 2020 AUG 1 0 PH 12: 05

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ROSANNE REMINGTON	7809 CROSIER CT	🖶 Add
		NEW PORT RICHEY FL 34653	□Remove
			□ Change
AMBR	MEGAN CROSS	1119 W LAKE MARTHA DR NE	□Add
		WINTER HAVEN FL 33881	□Remove
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			Петюче
			
			□ Remove
			□ Change

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Effective date, if other than the date of filing:	(optional)
f an effective date is listed, the date must be specific and cannot be prior to date of filing of	or more than 90 days after filing.) Pursuant to 605.02
Note: If the date inserted in this block does not meet the applicable statutory f document's effective date on the Department of State's records.	iling requirements, this date will not be listed
accument s effective date on the Department of State s records.	
e record specifies a delayed effective date, but not an effective time, at 12:01 a. rd is filed.	m. on the earlier of: (b) The 90th day after the
d is filed.	
AUGUST 4TH 2020	
Dated	
Rugara No +	
1 Coole 1 Mingon	
Signature of a member or authorized representa	itive of a member

Typed or printed name of signee