## L20000275493

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## **COVER LETTER**

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**Registration Section** 

Division of Corpor	rations		
BJECT: RYZE !	Jo Marketin Name of Limi	g of Consulting ted Liability Company	LIC
enclosed Articles of Am	endment and fee(s) are subr	mitted for filing.	
se return all corresponde	nce concerning this matter t	to the following:	
	Jourelle	Thachani Name of Person	
		Firm/Company	
	8145 SW	165th (:+	
	MIAINI, F	City/State and Zip Code  Of MAHOO CON	<del></del>
-	E-mail address: (t	o be used for future annual report notif	fication)
further information cone	erning this matter, please ca	all:	
CUTCHE That Name of Pe	Than I	at (305) 989 Area Code Daytime	2237 e Telephone Number
losed is a check for the fo	ollowing 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 Sec Division of Corp P.O. Box 6327 Tallahassee, FL	oorations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ryze Up Marketing + Consulting LLC

Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) he Articles of Organization for this Limited Liability Company were filed on  $\frac{9/3}{2}$ lorida document number 420000275493 his amendment is submitted to amend the following: . If amending name, enter the new name of the limited liability company here: ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable: **<u>1ailing address MAY BE A POST OFFICE BOX)</u>** . If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Janelle Thadhani 8145 SW 165th Ct Name of New Registered Agent: New Registered Office Address:

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

nereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany has been notified in writing of this change.

Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
6R	GAUTAM M THADHANI	8145 SW 165th CT	□Add
	THADHANI	MIAMI, FL 33193	Remove
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ective date, if other than the di- effective date is listed, the date must be: If the date inserted in this bloc ument's effective date on the Department.	e specific and cannot be prior to date k does not meet the applicable st	(option of filing or more than 90 days after atutory filing requirements, this	filing.) Pursuant to 605.0207
cord specifies a delayed effective of filed.			The 90th day after the
ed 10/10/	. 2020.		
$\frac{10/10}{\int_{Si}^{A}}$	gnature of a member or authorized r  Thadhay  Typed or printed name	Li epresentative of a member	
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