k20 000 280415

(R	equestor's Name)	•
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(D	ocument Number)	
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	ENOVATIONS LLE		
SUBJECT:	Name of Lim	ited Liability Company	
The malessad Amisles of	Amondment and fac(a) are sub-	mitted for filing	
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	Derrick Ryals		
		Name of Person	
	Ryals Renovations LLC		
		Firm/Company	
	1841 Rutland Street		
		Address	
	Opa-Locka, FL 33054		
		City/State and Zip Code	
	spider	-ryals Gyahoc to be used for future annual report noti	·.com
			neation)
For further information c	oncerning this matter, please c	all:	
Derric	K Ryols	at (<u>407)</u> 725 Area Code Daytim	-6272
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fec	□ \$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 Addres Registration S		Street Address: Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632	.7	The Centre of T	l'allahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RYALS RENOVATIONS LLC

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L20000280415</u> .	pany were filed on 08/25/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		٠ <u>٠</u>
Enter new mailing address, if applicable:		 _
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		 స్ట్ల
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records,	enter the name of the new registere
Navy Bagistarad Office Address:		
New Registered Office Address:	Enter Florida stree	address
	Ciţ	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my dut it as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
<u>ī</u>	f Changing Registered Agent, Sign	ature 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>	Name	<u>Address</u>	Type of Action
AMBR	Derrick Ryals	1222 Overlook Road	□ Add
		Eustis, FL 32726	≣Remove
			Change
			□Add
			Remove
		•	□Change
			□Change 28
			□Remove
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effective d	te, if other than late is listed, the dat date inserted in the ffective date on t	e must be specific iis block does n	and cannot be of meet the	e prior to date applicable st	of filing or more	(option (option) (opt	onal) filing.) Pursuant to 605.020 s date will not be listed a
s filed.				ctive time, at	12:01 a.m. on t	he earlier of: (b) The 90th day after th
ed <u>A</u>	lugust	- 3 rd	/ 	02].			
		Signature of	of a member of	or authorized re	epresentative of	member	

Filing Fee: \$25.00