## LZ0 000 390 682

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instituctions to rining Officer.			





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02/11/21--01014--028 \*\*25.00



N 3/29/21

## **COVER LETTER**

Registration Section Division of Corporations	
JECT: Kicky O'Name	Ryan LLC of Limited Liability Company
enclosed Articles of Amendment and fee(s) as ase return all correspondence concerning this n	·
	Corey Ryan Name of Person
<u> </u>	Firm/Company
224	Nursery Rd
	City/State and Zip Code
For further information concerning this matter, ple	Organ (a) Outlook, com lress: (to be used for future annual report notification) ease call:
Corey Ryan Name of Person	at (72) 254-9028  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of State	
Mailing Address: Registration Section	Street Address: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ter new mailing address, if applicable:  [ailing address MAY BE A POST OFFICE BOX]  If amending the registered agent and/or registered office address on our records, enter the ent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	name of the new registe
If amending the registered agent and/or registered office address on our records, enter the ent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	name of the new registe
ailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the ent and/or the new registered office address here:	name of the new registe
If amending the registered agent and/or registered office address on our records, enter the	name of the new registe
If amending the registered agent and/or registered office address on our records, enter the	name of the new registe
	·
ncipal office address MUST BE A STREET ADDRESS)	
er new principal offices address, if applicable:	
new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
If amending name, enter the new name of the limited liability company here:	
s amendment is submitted to amend the following:	
rida document number <u>L200039068</u> 2	
Articles of Organization for this Limited Liability Company were filed on 12/15/20	and assigned
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	

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 mv 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

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

1GR = Manager MBR = Authorized Member

<u> </u>	Name	Address	Type of Action
MGR	Corey/Ryan_	2252 Habersham Dr	🗆 Add
		CLearwater, Florida, 33	<u>) 64</u> □ Remove
	n A		
AMBR KylenJones	1500 Citers St		
	Clearmater, Florida, 33	<b>)56</b> □Remove	
		□Change	
	<del></del>	<del></del>	□ Add
		□Remove	
		□Change	
			□Add
		□ Remove	
		□Change	
		🗆 Add	
	<del></del>	□Remove	
		□Change	
<del></del>	<del> </del>		□Add
		<del></del>	□Remove

, 11 AIII	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an el <u>Note:</u>	tive date, if other than the date of filing:
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	2/1/2021.
	Signature of a member or authorized representative of a member
	Corey Ryan Jake Kirby  Typed or printed name of signee