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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
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(Do	cument Number)	
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Division of Cor	porations		
subject: F(t)	RYDEV TYCKYSVOY Name of Lim	tited Liability Company	
	Amendment and fee(s) are sub	-	
•	Shtena		
	Flo Ryder	TYCHYS DOY! LLC Firm/Company	
	4201 SW 32nd	Stypet west-wark	(FL 33023
	west pay	V FL 3.3023 City/State and Zip Code	
	E-mail address: (1	to be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca	all:	
Sheena Name of	Mir falim Person	at (321) 277 - Area Code Daytime	0748 E Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 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:

TO:

Registration Section

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

risport LLC	
Lompany as it now appears on our records.) mited Liability Company)	
•	and assigned
d liability company here:	
Liability Company," the designation "LLC" or the abbrev	riation "L.L.C."
<u>SS)</u>	
4201 SW 32 nd Street WEST park, FL 33023	
ffice address on our records, enter the name of	the new registere
Enter Florida street address	
r lorada	
	d liability company here: I Liability Company," the designation "LLC" or the abbrev SS) 4201 SW 32 nd Street WEST PARK, FL 33023 ffice address on our records, enter the name of

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 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>	Address	Type of Action
AM MGR	Marvin Franklin	4201 SW 32 ncl siree!	Þ≾∧dd
		WTST park, FL 33023	□Remove
			□Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necess	eary.)
	
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C. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the listed in this block does not meet the applicable statutory filing requirements, this didocument's effective date on the Department of State's records.	ing.) Pursuant to 605.0207 (3)(b
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ecord is filed.	The 90th day after the
Dated	1 A
Marka Misselim	<u> </u>
Signature of a member or authorized representative of a member	00 m lts
Sheen a Mirsalim Typed or printed name of signee	