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2022 SEP 22 PH 12: 48

COVER LETTER

Division of Corporations
SUBJECT: Name of United Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ryan Schnyders 220 Ryan Schnnyders Firm/Company 201 4th St S Unit 228 Address
St Retesburg F/ 3370/ City/State and Zip Code Ceame 122by The Dy Com E-mail address: (to be yeld for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (727) 896-1042 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)

Mailing Address:
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

Hyan Schhnyders	LLC
(Name of the Limited Lability Compa (A Florida Limited I	ny as it now appears on our records.) Liability (Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{4/12/2021}{\text{and assigned}}$
Florida document number <u>L2100016917</u>	· •
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	201 4=5+5.
(Principal office address MUST BE A STREET ADDRESS)	Unit 228
	St Petersburg Fl 33701
Enter new mailing address, if applicable:	Same As Above
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address Florida 2
	City Zip Cich
New Registered Agent's Signature, if changing Registered Agent:	~ ~ ~
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, it this document is

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 Title Name **Address** Type of Action 201 4# St St Peter Situate 4520 14# Way NE St Peters burg Kemove F Ryan Schnyders □Change □Add □Add _____Remove _____ □Change _____ □Add ______ □Remove

_____ Change

Effective date, if other than the date of filing: (aptional) 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.) Pursuant Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not adocument's effective date on the Department of State's records. The eccord specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th dated is filed. Dated 9/21/2032	
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Dated $\frac{9/21/2022}{}$	to 605.0207 be listed as
	y after the
Signature of a member or authorized representative of a member	_
Ryan Schnyders	

Filing Fee: \$25.00