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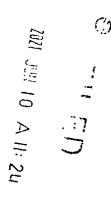
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COVER LETTER

TO: Registration Section

Division of Corp	porations		
SUBJECT:	Ryals \$	Ryals, LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Jane	S. Ryals Name of Person	
		Firm/Company	
	3925 N	W 25 Circle Address	
		le, FL 326	06
		yalse and zip code yalse cox. net to be used for future annual report noti	
For further information co	oncerning this matter, please c	all:	
Jane 7	yals Person	at (<u>352</u>) <u>538 -</u> Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
\$\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is declosed)
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations 7	Street Address: Registration Sed Division of Control The Centre of Total Management of	ction porations Tallahassee
Tallahassee, F	'L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liab (A Flori	ility Coppany as it now appears on our records.) ida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number7003663339	Company were filed on May 14, 202	21 and as	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here:		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the ab	breviation "I	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here		e of the ne	w registere
Name of New Registered Agent:		7021	<u></u>
New Registered Office Address:	Enter Florida street address	 	-
	, Florida	Zip Code	· · · · · ·
New Registered Agent's Signature, if changing Register	red Agent:	Δ ::	5
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, and I am f agent as provided for in Chapter 605, F.S. Or, red office address, I hereby confirm that the lin	amiliar w. if this doc	ith and ument 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jane S. Ryals	3925 NW 25 Circle Gainsville, FL 32606	□Add
change to			□Remove
			XChange
(AMBR)	Jane S. Ryals	3925 NW 25 Circle Gainesville, FL 32606	□Add
		<u> </u>	Remove
		□Change	
			□Add
			□Remove
			□Change
MGR	Michael S. Ryals	Exinosville, FL 32606	□Add
change to			SEChange
AMBR	Michael S. Ryals	Gainesville, FL 32606	D 17 □ Add Remove
			□Change
			□Add
			□Remove
			□ Change

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