L21000324769

(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:

Office Use Only



700371153527



DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
2021 AUG-4 AM 10: 0

Anund

AUG 0 5 2021 I ALBRITTON

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

Plain Copy Certified Copy Certificate of Status **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**		Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
Certificate of Status **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**		Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Status Certificate of Status Reflecting:
Certified Copy Certificate of Status **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**		Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Status
Certified Copy		Certified Copy of Arts & Amendments
Certified Copy		**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
XXXXXX Plain Copy		• ,•
	xxxxxx	Plain Copy

COVER LETTER

Ryeno Card	s LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of r	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Daniel Reyes		
		Name of Person	
	ZenBusiness INC.		
		Firm/Company	
	5511 Parkerest Dr. Suite 2	07	
		Address	
	Austin, TX 78731		
		City/State and Zip Code	
	fulfillment@zenbusiness.co		*
		to be used for future annual report notif	icanon)
For further information co	oncerning this matter, please ca	all:	
Daniel Reyes		512 237-7349	
Name of	Person	at () Area Code Daytime	: 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)	☐ \$60.00 Filing Fee, Certificate of Status & 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

Rveno Cards LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were tiled on ______07/16/2021 Florida document number 1.21000324769 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 4548 South Suncoast Boulevard Enter new principal offices address, if applicable: Homosassa, FL 34446 (Principal office address MUST BE A STREET ADDRESS) Citrus County US 4548 South Suncoast Boulevard Enter new mailing address, if applicable: Homosassa, FL 34446 (Mailing address MAY BE <u>A POST OFFICE BOX)</u> Citrus County US B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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
AMBR	Ryan D Wesner	4548 South Suncoast Boulevard	□ Add
		Homosassa, FL 34446	□Remove
		US	■ Change
			□Add
			[]Remove
			□ Change
			□Add
			[☐Remove
			[] Change
			□Add
		<u></u>	□Remove
			□Change
			ClAdd
			i∃Remove
			(☐Change
			□Add
			□Remove
			[]Change

Page 2 of 3

. If amending any other informat	ion, enter change(s) ner	с. умасн васинота	succis, y recessory.)	
			-	
				
-				
				
	1.7			
- <u>-</u>		_		
			<u></u>	
			· · · · · · · · · · · · · · · · · · ·	·
Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	t be specific and cannot be prio ock does not meet the appli	cable statutory filing req	(optional) nan 90 days after filing.) Pursuan juirements, this date will not	it to 605.0207 (3 be listed as th
he record specifies a delayed The 90th day after the reco		ot an effective time	, at 12:01 a.m. on the	earlier of:
Dated August 3rd	. 2021			
	Ryan D (Signature of Smember or aut)	Vesner		
	Signature of Amember or auth	orized representative of a	member	
Ryan D Wesner	Thousand or print			

Page 3 of 3

Filing Fee: \$25.00