

L21000533040  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383  
From: Account Name : ACCOUNT BOOKKEEPING CORP  
Account Number : I20120000055  
Phone : (407)898-1757  
Fax Number : (407)897-5336

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: services@abkcorp.com

2022 JUN 15 AM 11:54

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RYM LEASING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

JUN 16 2022

M. SOLOMON

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RYM LEASING LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANCIA CARMONA  
Name of Person

ACCOUNT BOOKKEEPING CORP  
Firm/Company

5301 CONROY RD. STE 140  
Address

ORLANDO, FL 328311  
City/State and Zip Code

SERVICES@ABKCORP.COM  
E-mail address: (to be used for future annual report notification)

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 TALLAHASSEE, FL  
 DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

FRANCIA CARMONA at (407) 898-1757  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

4220002078653

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

RYM LEASING 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 filed on 12/27/2021 and assigned Florida document number L21000533040.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

657 PRIMROSE WILLOW WAY  
APOPKA, FL 32712

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

657 PRIMROSE WILLOW WAY  
APOPKA, FL 32712

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:

ISRAEL MAURICIO REBOLLEDO SILVA

New Registered Office Address:

657 PRIMROSE WILLOW WAY

*Enter Florida street address*

APOPKA

Florida

32712

*City*

*Zip Code*

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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Israel Mauricio Rebolledo Silva	657 PRIMROSE WILLOW WAY	<input type="checkbox"/> Add
		APOPKA, FL 32712	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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11:50

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JUNE 14

2022

Handwritten signature of Israel Mauricio Rebolledo Silva

Signature of a member or authorized representative of a member

ISRRAEL MAURICIO REBOLLEDO SILVA

Typed or printed name of signee

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