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Special Instructions to Fil	ling Officer:	





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VLLAHASSEE, FLORIDA

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	SUMMER BOOTH					
		Name of Person				
		Firm/Company				
	6107 CANOE CREEK RE)				
		Address				
	ST. CLOUD, FL 34772					
		City/State and Zip Code				
	SUMMERBOOTH36@GM					
		to be used for future annual report noti	fication)			
For further information of	oncerning this matter, please c	all:				
		at () Area Code Daytim				
Name o	d Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for the	he 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	Street Address: Registration Se				
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee			
Tallahassee,	FL 32314	2415 N. Monro	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 SEP -3 AM 11: 51 RYTT INVESTMENTS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALLAHASSEE, FLORIDA 02/01/2022 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned Florida document number ______1.22000053934 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RYTIT EXCAVATING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." SAME Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SAME Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

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
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			□Change
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e record specifies a delayed effective date, but not an efferd is filed.				The 90th	day afte	er the
Dated AUGUST 26 2024						
Dated AUGUST 26 . 2024 Signature of a member of a mem	or authorized re	presentative of a m	ember			
Signature of a member	or authorized re	presentative of a m	ember			

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