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## **COVER LETTER**

TO:

Registration Section Division of Corporations

RNTOYO	U LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Valentyna Nesterova			
	<del></del>	Name of Person		
	RNTOYOU LLC			
		Firm/Company	<del></del>	
	141 NW 20 ST, Unit G2			
	<del></del>	Address		2627
	Boca Raton, FL 33431			2022 DEC
		City/State and Zip Code		9
	vala3615@yahoo.com			
	E-mail address: (	to be used for future annual report not	ification)	င္မ်ာ
For further information c	oncerning this matter, please c	all:		FN 8:37
Valentyna Nesterova		954 701-1287 at ( )		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy tadditional copy is ea	atus &
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of C	orporations	Division of Co.	rporations	
P.O. Box 632		The Centre of		
Tallahassee, 1	PL 52314	2415 N. Monro	e Street Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KNTOYOU LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our record imited Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Cor	mpany were filed on <u>06/06/2022</u>	and assigned
Florida document number L22000256863	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u></u>	73 23
		170
		E E
Enter new mailing address, if applicable:		ි. ජා 
Mailing address MAY BE A POST OFFICE BOX)		
Planing address MATE INC. 11 OST OF FICE BOAY	<del></del>	<u></u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new reg
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	S
	Flo	orida
	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 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	Ilona Aranov	141 NW 20 St Unit 2G	
		Boca Raton, FL 33431	■Remove
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			Remove
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eument s effect	tive date on the Dep	artment of	State's rec	cords.						
record specifies	a delayed effective of	date, but no	ot an effect	tive time, a	it 12:01 a.n	ı, on the ea	rlier of: (t	) The 90	0th day	after the
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is filed.	130 120 8 8	ignature of a	1 member o	r authorized	representati	ve of a mem Ned-L	hear'			_