L22000470180

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

Registration Section

TO:

Division of Cor	porations	•			
, Ryan Adve	nture Holdings				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
	ondence concerning this matter	_			
r lease return an correspo	machee concerning this matter	to the following.			
	Rebecca Bigbie				
		Name of Person			
	Ryan Adventure Holdings				
		Firm/Company	<u> </u>		
	236 Rip Cord Lane				
		Address			
	Deland, Fl 32724	Name of Person Firm/Company Address City/State and Zip Code be used for future annual report notification) : at () Area Code Daytime Telephone Number □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status &			
		City/State and Zip Code			
		·	tification)		
For further information e	oncerning this matter, please c	alł:			
Rebecca Bigbie					
Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	-			
Mailing Addres Registration 9		Street Address: Registration Se	ection		
Division of C		Division of Co			
P.O. Box 632		The Centre of	Tallahassee		
Tallahacceo !	P1 1/14	/ДІN Mann	SE STREET SHITE X LD		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ryan Adventure Holdings		<u>. </u>			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company)	.)			
This amendment is submitted to amend the following:	document number L22000470180 mendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: mame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" new principal offices address, if applicable: spal office address MUST BE A STREET ADDRESS) mew mailing address, if applicable: sign address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address on our records, enter the name of the new registered				
The Articles of Organization for this Limited Liability Company were filed on 11/01/2022 and assigned Florida document number 1.22000470180 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." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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:					
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		77.			
	·	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
Enter new mailing address, if applicable:		ARRIVARIAN SSE			
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		<u> </u>			
		75 SE			
	address on our records, enter t				
Name of New Registered Agent:					
New Registered Office Address:					
To the state of th	Enter Florida street address	y			
	, Flo				
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rebecca Bigbie	236 Rip Cord Lane	■Add
		Deland, Fl 32724	
			□ Change
			□Add
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			□Remove
			☐ Change
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fective date, if other thar	n the date of fi	ling:			(optiona	ıl)	
n effective date is listed, the datote: If the date inserted in the	e must be specific	and cannot be p			00 days after fili	ng.) Pursuan	
cument's effective date on t							
ecord specifies a delayed eff	fective date but	not an effectiv	e time, at 12:0	La.m. on the es	rlier of (b)	The 90th d	av after the
is filed.							- ,
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Typed or printed name of signee