LZ0000396018

(Red	questor's Name)	
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COVER LETTER

TO:

Registration Section Division of Corporations

Ranger Con SUBJECT:	struction & Solutions LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ndence concerning this matter	-			
		Julio Molina			
		Name of Person			
		Julio Molina PA			
		Firm/Company			
	20	002 Curry Ford Rd			
	 	Address			
	O	rlando, Florida 32806			
		City/State and Zip Code			
	•	olina@bellsouth.net to be used for future annual report not	ification)		
For further information co	oncerning this matter, please c		(Many)		
Julio Molina		407 228-4757			
Name o	l'Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S		Street Address: Registration Sc	ection		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, 1		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number L20000396018	
Florida document number L20000396018	
This amendment is submitted to amend the following:	assigned
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)	
Enter new mailing address, if applicable:	71.
Mailing address MAY BE A POST OFFICE BOX)	
Studing duaress STAT BE A TOST OF FICE BOX	ı
	<u>.</u>
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the</u> agent and/or the new registered office address here:	new regis
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New 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 ompany 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
телт	Bertulio J. Chacin Almarza	213 Muscogee Ln, Orlando, Fl. 32825	
			■Remove
			□ Change
mgrm	Betulio J. Chacin Almarza	213 Muscogee Ln., Orlando, Fl 32825	■Add
			□ Remove
			□Change
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ffective date, if other than an effective date is listed, the date inserted in the ocument's effective date on the	must be specific ar is block does not	id cannot be pric meet the appli	or to date of filing cable statutory	or more than 90 days	optional) safter filing.) I s. this date w	Pursuant to 605.	.020. ed a
record specifies a delayed effi Lis filed.							r th
ated <u>61-05-</u> Z	021						
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$\underline{\hspace{1cm}}\mathcal{M}$	Signature of	mombar ar and	horized superior	ntive of a member			

Filing Fee: \$25.00