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CHI	вјест:	FLORIDE I	RANJ LLC						
301	KJECT.		Name of Limited Liability Company						
The	enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.					
Plea	ise returr	all correspo	ndence concerning this matter	to the following:					
			Jeffrey C Weinstein, Esq.						
			· ·	Name of Person					
			Mittenthal Weinstein LLP						
				Firm/Company					
			3100 S Federal Highway, S	Suite B					
				Address					
			Delray Beach, FL 33483						
				City/State and Zip Code					
			weinstein@mw-attorneys.co						
			E-mail address: (to be used for future annual report	notification)				
For	further in	nformation co	oncerning this matter, please ca	all:					
Jeff	rey C W	einstein		561 862-095	-				
		Name of	f Person	Area Code Da	ytime Telephone Number				
Enc	losed is a	check for th	ne following amount:						
	\$25.00 F	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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDE RANJ LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our recor imited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Co.	mpany were filed on 04/26/2012	and assigned
Florida document number L12000056598	-•	
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	ed Liability Company," the designation "LL	C" or the abbreviationlC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	2
		11. 至 0
		081 11:11 10:11
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		is, enter the name of the n
registered agent and/or the new registered office addre		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre	255
	. F	lorida
	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

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	SPARING PARTNERS 2 INC	160 W Camino Real	
		Suite 286	□ Remove
		Boca Raton, FL 33432	□ Change
			□ Add
			Remove
			□ Change
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Note: If t	the date inserted	d in this block d	oes not me	ct the appli	icable statu						
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<	Decem	ber 21	,	_20/5	1						
ated		-									

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00