## 102000020126

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Warne)
(Document Number)
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## **COVER LETTER**

TO: Registration Se Division of Cor		
	0	
SUBJECT:	Ranca UC Name of Lim	ited Liability Company
	Mane of Day	ned manny 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:
	Holly	Name of Person
		Name of Person
	Rec	nica, luc
		Firm/Company
	520	or Bracken ada Pkwy
		Oz Brechenadze Ykwy Address
	т.	223.10
	10	City/State and Zip Code
	+	Johnson @ Remonile , Com
	E-mail address: (	to be used for future annual report notification)
For further information (	concerning this matter, please c	all:
Holl	Johnson	at (813 663 - 9667)  Area Code Daytime Telephone Number
Name (	of Person	Area Code Daytine Telephoae Number
Enclosed is a check for t	he fallowing amount:	
	-	77 000 00 PM P
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addre	ice.	Street Address:
Registration		Registration Section
Division of (		Division of Corporations
P.O. Box 63		The Centre of Tallahassee
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rancen, U	LC .		
(Name of the Limited Liability Compa (A Florida Limited l	iny as it now appe Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on _	8-1-2002	and assigned
Florida document number <u>L 02 0000 20126</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company.	here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designation "LLC" or the	he abhreviation "L.L.C."
Enter new principal offices address, if applicable:			<del></del>
(Principal office address MUST BE A STREET ADDRESS)			
	18411		3505 3 4
			\$55 6 F
Enter new mailing address, if applicable:			HE B
(Mailing address MAY BE A POST OFFICE BOX)			7 N D
			59
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our	records, enter the	name of the new register
New Desirement Office Address			
New Registered Office Address:	Enter F	lorida street address	
		, Florida	a
	Ciţ		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance (	of my duties, and $L$	am familiar with and 🥏

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
mg RM	Building Clell D. Jr.	1309 Rockwood Drive Brandon, FL 33510	·: □Add
			Remove
	·		
			DAdd
			□Remove
	·		Change
		·	□Add
			2022emove
	•		Change
		·	SSET STATE OR Remove
			FA 59 □ Remove
			□Change
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Filing Fee: \$25.00