## L09000026500

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(City/State/Zip/Phone	#)
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T. HAMPTON

APR 2 7 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Ranger of TomPou LLC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jason York (Name of Person)
Ranger of TemPa LLC  (Firm/Company)
3105 Pine TOP QUE.  (Address)  Vallico Fl. 33594  (City/State and Zip Code)
For further information concerning this matter, please call:
Tason York at (913) 526-2815  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  \$25.00 Filing Fee & Status  \$25.00 Filing Fee & Status Certificate of Status  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:

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ranges of Tampa L (Name of the Limited Liability (A Florida L	LC	= wasawda \
(A Florida L	imited Liability Company)	r recorus.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 3/18/	and assigned
Florida document number <u>L09000026500</u>	<u>-</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
		0 0
		APR
Enter new mailing address, if applicable:		2 SET
Mailing address MAY BE A POST OFFICE BOX)		- CONTE
		P RPOR
		2: 5
B. If amending the registered agent and/or registe		
registered agent and/or the new registered office addr	ess here:	
Name of New Registered Agent:		
New Registered Office Address:	90 400 · · · · · · · · · · · · · · · · ·	
	(Enter Flo	rida street address)
		_, Florida
	(City)	(Zip Code)

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 608, 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.

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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

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ork	3105 Pine TOP DI ValRico Fl. 335	Add Pamous
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ignature of a member	er or authorized representative of a mem	ber
		mation, enter change(s) here: (Attach additional sheets

Page 2 of 2

Filing Fee: \$25.00