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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Rank My	Web LLC	
	Name of Lim	ited Liability 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:	
		- Technology, La	<u> </u>
	Zank H	Y Web LLZ Firm Company	<del></del>
	1100 S. (	Powerline RU I	721
	Deerfield	Beach FZ 331 City State and Zip Code	142
	E-mail address:	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please co	at ( CSY ) G17 - 7287  Area Code Daytime Telephone Number  amount:  O Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, ifficate of Status & Certificate Opy Certificate of Status &	
Lipa e -	yoshicy of Person	at ( <u>GSY</u> ) <u>G17</u> - Area Code Daytime	7227 Telephone Number
Enclosed is a check for t	he following amount:		
虹 \$25,00 Filling Fee	☐ \$30.00 Filing Fee & Certificate of Status		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2061 Executive Center Circle Tallahassee, FL 32304

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rank My Wet	ompany ay it now appears on our records.) uted Liability Company)
Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{L 13000100859}{L}$ .	10 10
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited $A / A$	liability company here:
The new name must be distinguishable and contain the words "Limited L	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	<u>S)</u>
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BON)	17 0
registered agent and/or the new registered office address	ed office address on our records, <u>enter the name. of the name. there:</u>
Name of New Registered Agent:	
New Registered Office Address:	Co. El el estado
	Enter Florida street address
	, Florida

## 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

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