## L15000184551

(Address)  (Address)  (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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" Will.



November 13, 2023

RICHARD LUND 11352 W SR 84 #240 DAVIE, FL 33325

SUBJECT: RANGE29 LLC Ref. Number: L15000188581

We have received your document for RANGE29 LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

./2; ,

Letter Number: 423A00026264

## **COVER LETTER**

TO: Registration of Division of	on Section f Corporations		
	29 LLC		
SUBJECT:	Name of L	imited Liability Company	
The enclosed Article	es of Amendment and fee(s) are s	ubmitted for filing.	
Please return all cor	теspondence concerning this matt	er to the following:	
	Richard Lund		
		Name of Person	
	Range29 LLC		
		Firm/Company	<del></del>
	11352 W SR 84 #240		
		Address	
	Davie, FI 33325		
		City/State and Zip Code	<del></del>
	Ricklundsr@gmail.com	s: (to be used for future annual report not	ification)
For further information	tion concerning this matter, please		
Rick Lund		954 9070228	
N	ame of Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	ce ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box		The Centre of I	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Range29 LLC			
(Name of the Lim	ted Liability Compa (A Florida Limited	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited I Florida document number L15000188581	iability Company	were filed on 11/09/201	5 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Lishi	live Company " the designation	on "I.f.(") or the abbreviation "I.f.(")
-		my company, the designance	in the of the abbreviation fairle.
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		11352 W SR 84 #240	
	<u> </u>	Davie, Fl 33325	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		11352 W SR 84 #240	
		Davie, Fl 33325	N 1
			· .
<ol> <li>If amending the registered agent and/or gent and/or the new registered office addre</li> </ol>	**	address on our records,	enter the name of the new register
Name of New Registered Agent:	South Range F	inancial Services	<u> </u>
New Registered Office Address:	11352 W SR 8	4 #240	- <del>-</del>
		Enter Florida stree	t address
	Davie		, Florida 33325
		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 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
Manager	Richard Lund	11352 W SR 84 #240	
		Davic, Fl 33325	□Remove
			□ Add
			🗀 Remove
		<del></del>	□ Change
			□ Add - ? -
			<b>7</b> 5
		<del></del>	□Change -
			<i>5</i>
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			3,
Effective data if other than the	10/30/2023	(antional)	
		(optional) ing or more than 90 days after filing.) Pursuant	
document's effective date on the De		ery filing requirements, this date will not b	oe listed as.
e record specifies a delayed effective rd is filed.	e date, but not an effective time, at 12:0	l a.m. on the earlier of: (b) The 90th da	y after the
October 30 Dated	2023		
		)	
	Signature of a member or authorized repres	entative of a member	_

Filing Fee: \$25.00

Typed or printed name of signee