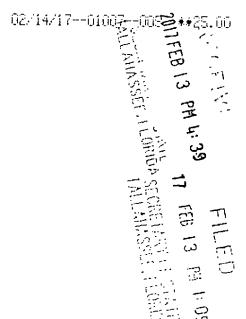


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O. SCOTT FEB 1 6 2017

COVER LETTER

TO: Registration : Division of Co				
SUBJECT:	Name of Lim	ITAMEN L		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
		Address SAFASTA, FL City/State and Zip Code	PIN, MD LLC ING BLUD # 144 34230 YAHDO. Com eport notification)	
For further information	t-mail address: (concerning this matter, please co	to be used for future annual i	eport notification)	
(B	acy Galin	at (941)	400,5464	
Name	of Person	Area Code	YAHOO. Comeport notification) 400,5464 Daytime Telephone Number	13 THE TO
Enclosed is a check for \$25,00 Filing Fee	the following amount: □ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is encl	Certificate of State	us & S
Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	Registrati Division (Clifton B	COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- ranguntimon LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address . Florida
City 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

If Changing Registered Agent, Signature of New Registered Agent

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Title <u>Address</u> Type of Action Name | 1545 MALLARO W AMBR SARASTA, FL 34239 MGR TRACY GAPU 1661 RINGLING BLVD WAD #1462 _____ Remove 5ARASTA, FL 34230 _□ Change □ Add ☐ Remove _□ Change _□ Add _□ Remove □ Remove 2 Dehange S □ Add ☐ Remove

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reffective date <u>te:</u> If the da	, if other than the date is listed, the date must be to inserted in this block active date on the Depar	specific and o does not me	cannot be prior set the applica	to date of tiling able statutory	or more than 9	(optiona 0 days after film ments, this dat	g.) Pursuant to 605.0	120 I a:
	ecifies a delayed ef ay after the record		ete, but no	t an effecti	ve time, at	12:01 a.m	. omthe earlier	
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Page 3 of 3

Filing Fee: \$25.00