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COVER LETTER

	istration Se			
SUBJECT:	вооме	RANGZ LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	ali correspo	ndence concerning this matter	to the following:	
		MARSHA SIHA		
		, , , , <u>, , , , , , , , , , , , , , , </u>	Name of Person	
		INCFILE.COM LLC		
			Firm/Company	
		17350 STATE HWY	249 SUITE 220	
			Address	
		HOUSTON TX 7706	34	
			City/State and Zip Code	
		MARSHA@INCFILE	.COM to be used for future annual report notific	ation
For further in	oformation c	oncerning this matter, please ca	-	unony
		one of the state of	888 462-3453	
MARSHA		f Person	at ()	Felephone Number
	Name o	i rerson	Area Code Daytime	relephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building	
		assee, FL 32314	2661 Executive Cent	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOOMERANGZ LLC			
(Name of the Limite	d Liability Company as it now a A Florida Limited Liability Comp	appears on our records.) pany)	
The Articles of Organization for this Limited Li Florida document numberL16000208735	ability Company were filed c	_{on} 11/14/2016	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, <u>enter the new name of</u>	the limited liability compa	ny here:	
The new name must be distinguishable and end with the	words "Limited Liability Company	y," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
B. If amending the registered agent and/ registered agent and/or the new registered of		ess on our records, <u>ent</u> e	er the name of the 1
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	ter Florida street address	
		, Florida	
	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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	BARRY HILL	43345 ROYAL BURKEDALE ST	
		SOUTH RIDING, VA 20152	■ Remove
			□ Remove
	<u> </u>		
			□ Remove
			Remove
		· · ·	□ Remove
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the date this document is filed by the Florida Department of State)		
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)		
Dated MARCH 12 2017	Effective date, if other than the da	ate of filing: (option
	The effective date must be specific, cannot the date this document is filed by the Florida.	ida Department of State)
Justin Vianello - AMBR	the date this document is filed by the Flori	ida Department of State)
	he date this document is filed by the Florionated MARCH 12 Justin Vianello - AN	ida Department of State) 2017

Page 3 of 3

Filing Fee: \$25.00

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