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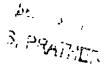
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, Fl. 32314

TO:

	K RANKIN TEAM, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter		
r rease return an correspo	MARK C. RANKIN	to the tonowing.	
	MARK RANKIN, LLC	Name of Person	
	1024 JEATER BEND DR	Firm/Company	
	CELEBRATION, FL 347	Address	
		City/State and Zip Code	
		to be used for future annual report notif	ication)
MARK C. RANKIN	concerning this matter, please co	407 989-8881	
Name o	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing 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 Divisie	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURII Registration Section Division of Corpora Clifton Building	n

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE MARK RANKIN TEAM, LLC			ئ.
(Name of the Limited Liah (A Flor	bility Compan rida Limited Li	y as it now appears on our records.) ability Company)	/ ₅
The Articles of Organization for this Limited Liability Florida document number <u>L18000010966</u>	√ Company v 	were filed on JANUARY 11, 2018	and assigned
This amendment is submitted to amend the following:	:		
A. If amending name, <u>enter the new name of the li</u>	imited liabil	lity company here:	
MARK RANKIN, LLC			
The new name must be distinguishable and contain the words "L	imited Liabili	ty Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1024 JEATER BEND DR.	
		CELEBRATION, FL 34747	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1024 JEATER BEND DR.	
		CELEBRATION, FL 34747	
3. If amending the registered agent and/or registered agent and/or the new registered office ac Name of New Registered Agent: New Registered Office Address:		:	the name of the
		Enter Florida street address	
CEI	LEBRATION	, rtorida	747
		Cin	Zin 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

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 **Type of Action** <u>Title</u> Name | **Address** _D Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change _□ Add □ Remove _□ Change □ Add ☐ Remove □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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<u>te:</u> If the date inserted in this block	c does not meet the applicable statutory f	(optional) or more than 90 days after filing.) Pursuant to 605.0 filing requirements, this date will not be listed
rument's effective date on the Depa	rtment of State's records.	
record enecifies a delayed o	ffective data, but not an effective	ve time, at 12:01 a.m. on the earlier
he 90th day after the record		re ame, at 12.01 a.m. on the earner
SEPTEMBER 4	2018	
ed	101	
Mr.		
- Ma	gnature of a member or authorized representa	ative of a member
MARK C. RANKIN	gnature of a member or authorized representa	ative of a member
	gnature of a member or authorized representa Typed or printed name of signe	