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PICK-UP WAIT MAIL
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K. SALY MAY 22 2018

COVER LETTER

TO:		istration Se ision of Cor					
CUDI	POT.	Amendmen	t to articles or organization				
SUBJ	ECT:	Name of Limited Liability Company					
The er	nclosed	l Anicles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return	all correspo	ndence concerning this matter	to the following:			
			Pieter F Bernard				
				Name of Person			
			RankPower LLC				
				Finn/Company	4.04		
			55268 Deer Run Rd				
			·	Address			
			Callahan, FL,				
				City/State and Zip Code			
			mail@perrybernard.com				
For fu	uther in	nformation c	oncerning this matter, please c	to be used for future annual report not all:	ancedion)		
) Bernard		+6421 2399106			
	(i ciry	<u> </u>	r Person	at ()	ne Telephone Number		
		Maine o	r reison	Area Code Dayiii	ne releptione Number		
Enclos	sed is a	check for the	ne following amount:				
≅ S2	25.00 F	iling Fee	□ \$30.00 Filing Fcc & 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)		
		Registr	ING ADDRESS: ation Section of Cornorations	STREET/COUR Registration Secti Division of Coup			

P.O. Box 6327 Tallahassee, FL 32314

t e

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RankPower LLC			
(Name of the Limited (A	Liability Compan Florida Limited Li	y as it now appears on our records ability Company)	<u>.,)</u>
The Articles of Organization for this Limited Liab		vere filed on April 16, 2018	and assigned
Florida document number L18000094387			
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liabil	ity company here:	
The new name must be distinguishable and contain the word	ls "Limited Liabilit	y Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BC	<u>)X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic			, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street addres.	2
			orida
		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

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
AMBR	Sean Kasey Norris	55268 Deer Run Rd	Add
		Callahan	☐ Remove
		FL 32011-4534	Change
			□ Remove
			Ghang
			T Change 7 LED
			□ Remove ?
			□ Add
			□ Remove
			Change
			□ Add
			Remove
			□ Change
			Add
			☐ Remove
			□ Change

Effective date, if other than the date of filing:		
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Page 3 of 3

Filing Fee: \$25.00