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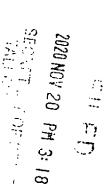
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Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
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## COVER LETTER

TO:	Registration Se Division of Cor			
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SUBJE		Ranch, LLC		•
SODJE	C1	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Andrew Atkins, Esq.		
			Name of Person	
		Shevlin & Aktins, Attorney	rs at Law	
			Firm/Company	<del></del>
		1111 Kane Concourse, Sui	te 619	
			Address	
		Bay Harbor Islands, FL 33	154	
			City/State and Zip Code	
		andrew@shevlinatkins.com		
		E-mail address: ()	o be used for future annual report noti	fication)
For furt	her information of	concerning this matter, please ea	ıll:	
Andrew	v Atkins		305 868-0304 at ( )	
	Name o	of Person	Area Code Daytim	e Telephone Number
Englose	nd is a shask far t	he following amount:		
			Cless of the co	T CANA FILE
■ \$23	5.00 Filing Fee	S30.00 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)
	Mailing Address	<del></del>	Street Address:	
Registration Section Division of Corporations		Registration Sec Division of Cor		
	P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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## 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
MGR	Michael Margolis	3530 Mystic Point Drive, Apt#2206	□Add
		Aventura, FL 33180	≣Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
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			□Remove
			□ Chango

ı amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
Note: If t	date, if other than the date of filing:
e record sp d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	vember 1 0 2020
	Signature of a member or authorized representative of a member
	ALIN INCOMENTED PORTICIONAL
	Typed or printed name of signee

Filing Fee: \$25.00