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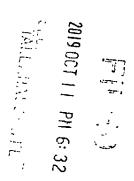
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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	Rana, uc		
	Name of Limi	ted Liability Company	
The enclosed Articles of Art	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Colto	Name of Person	
		Firm/Company	
	1680 Notano	Address Pt	
	Invenuess.	FL 3463 City/State and Zip Code	
-	CFORDUS E-mail address: (u	910 9mail COM o be used for future annual report notifies	ation)
For further information conc	erning this matter, please ca	II:	
COLTON L	FOMOUS PROOF	at (352) 257 - Area Code Daytime T	elephone Number
Enclosed is a check for the f	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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C&R 9119, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19(xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	were filed on $08/08/3019$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	1680 N Farming Pt
(Principal office address MUST BE A STREET ADDRESS)	Inverness FL. 34453
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1680 D Fanning Pt Inverses FC. 3943
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	211
	Enter Florida street address — W
	, Florida

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

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			□ Remove
			□ Change
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			□ Remove
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Note:	we date, if other than the date of filing: 101071 0010 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	OCtober 7. 2019.
	Signature of a member or authorized representative of a member
	COLFON C. Forbus Typed or printed name of signee

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Filing Fee: \$25.00