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COVER LETTER

TO: Registration Section

Division of Cor	rporations		
Lange Mar	nagement, LLC		
SUBJECT:	Name of Lin	ited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rory B. Weiner		
	Name of Person Rory B. Weiner, P.A. Firm/Company 635 W. Lumsden Road Address Brandon, FL 33511 City/State and Zip Code rweiner@roryweiner.com E-mail address: (to be used for future annual report notification) rmation concerning this matter, please call: Area Code Name of Person Area Code Daytime Telephone Number seek for the following amount: are \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Extreet Address: tration Section Registration Section Division of Corporations		
	Rory B. Weiner, P.A.		
		Firm/Company	
	635 W. Lumsden Road		
		Address	-
	Brandon, FL 33511		
		City/State and Zip Code	
	_	to be used for future annual report no	diffication)
For further information of			
Rory B. Weiner		813 681-3300	
		at ()	
Name c	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
_	Section	Registration Se	
Division of C P.O. Box 632			

Tallahassee, Fl. 32303

'ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lange Management, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on January 10, 2020	and assigned
Florida document number L20000017955		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
		<u> </u>
he new name must be distinguishable and contain the words "Limited Liab	thry Company, the designation "LLC" of	r the abbreviation L.C.
Enter new principal offices address, if applicable:		三 田 田
Principal office address MUST BE A STREET ADDRESS)		25
		- 0 1,
		-
Enter new mailing address, if applicable:	Post Office Box 1705	20
Mailing address MAY BE A POST OFFICE BOX)	Riverview, FL 33568	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	······································	
	Enter Florida street address	
	, Florid	da
· · · · · · · · · · · · · · · · · · ·	City	Zip Code

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>	<u>Address</u>	Type of Action
MGRM	Joseph A. Lange, II	7016 Dusty Road	□Add
		Riverview, FL 33569	□Remove
			■Change
			Change 2021 Add The Remove 1
			DA Change
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<u>ote:</u> If t	date, if other than the date of filing: (optional) ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be it's effective date on the Department of State's records.	605.0207 (listed as t
l is filed.		arter the
	February 24. 7070.	
ated	February 24. 7070.	
	Signature of a member or authorized representative of a member	-
	Rory B. Weiner	
	Typed or printed name of signee	_

Filing Fee: \$25.00