## L20000 209485

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SECRETARY OF STATE

1019/21

## **COVER LETTER**

TO: Registration Section Division of Corpor					
SUBJECT: EV	nvios Range	el LLC.			
	Name of Lim	ited Liability Company			
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.			
Please return all corresponde	nce concerning this matter	to the following:			
	ARNIE	L ALCAUTARA  Name of Person			
	Envios	Rangel LLC	·		
		4W 63-J CT. Address			
				202i SEC	
	Hialean,	FL, 33015 City/State and Zip Code		OCT RETA	+==
_	Rangelmark	City/State and Zip Code Et place @ grnail. Co to be used for future annual report notifie	201	-I PH L	i i
For further information cone			cation)	2021 OCT - 1 PM 4: 10 SECRETARY OF STATE TALLAHASSEE, FL	C
ARNIEL Name of Pe	ALCANTARA	at ( <u>786</u> ) <u>368 - 9</u> Area Code Daytime	-(737 Telephone Number		
Enclosed is a check for the fo	ollowing amount:				
≸ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Address: Registration Sec		Street Address: Registration Sect			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Envios Rangel L	LC.
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000209485</u> .	were filed on July 20, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
Rangel Marketplace The new name must be distinguishable and contain the words "Limited Liability or the state of the state	LLC
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	17952 NW 63-1 Ct Hialeah FL 33015
(Principal office address MUST BE A STREET ADDRESS)	Hialeah, FL, 33015
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Signal Color of the new registered of the ne
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agro- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
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			□Remove
			☐Change
			DAdd
			Remove
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			Charles of the Hills of the STACLAND ST
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. Effective date, if other than the date of filing:	(optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or n  Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	more than 90 days after filing.) Pursuing requirements, this date will no	ant to 605.0207 ( of be listed as t
The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. ecord is filed.	on the earlier of: (b) The 90th	day after the
Dated 9/28/2021 12:01 am		
Dated 9/28/2021 12:01 am  Signature of a member or authorized representative	re of a member	

Filing Fee: \$25.00

Typed or printed name of signee