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COVER LETTER

FO: Registration Sec Division of Corp			
SUBJECT:	Life of	F THE RANGE LLC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	<u>Kristophe</u>	Name of Person	
	Life o	FF the Range Fina Company	
•	731 In	agle sint Ave	
	Tallahasse	e FL 32303 City/State and Zip Code	
•	E-mail address: (t	o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	ill:	
Kristopl	Suffer Person	at (\$50) 20.	9332 e Telephone Number
Name o	T CIMI	,	·
Enclosed is a check for the	he following amount:		
\$\$\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

		2021 Jul 25
(Name of the Limited Liability Cor	he Range LLC	2021 JUL 22 AH 11: 36
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our ted Liability Company)	records 1 / The Say of area
		/ / " " " FI ASSE. " "
The Articles of Organization for this Limited Liability Compa	any were filed on 7 /	19/21 and assigned
Florida document number <u>L 20000 330799</u> .	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADDRESS,	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		Planida
	Cin	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 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
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'an effect Note: If	e date, if other than to ive date is listed, the date of the date inserted in this	nust be specific a block does not	ind cannot be pric t meet the appl	icable statutor	ng or more than 9 y filing require	(optional) Deliant days after filing after this date	Pursuant to 605,0207 will not be listed as
locumen	t's effective date on the	Department of	i'State's record	ls.			
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records d is tilec	specifies a delayed effec l.	tive date, but n	oran effective	time, at 12,01	a,m, on the cu	(1)(1)(0)	c 70th day discretic
	/						
Dated	7/19		2021	<u>′ </u>			
	/	Ana	1121	7			
		/ Signature of	a member of yur	thorized represe	mative of a men	ber	<u></u>
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