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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	JACK BANKIELD Name of Lim	LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jimmy ,	C BARKER Name of Person	
		Name of Person  RANFIECO LLC  Firm/Company	
		Firm/Company	
	1483 B	RICGEHE WAY	
	- Fleming I	5/8ND, FL 32003 City/State and Zip Code  © Dellsouth. 7 et to be used for future annual report notice	
	1 Jb AR KE I E-mail address: (	e O bellsouth. Net	fication)
For further information c	oncerning this matter, please co	all:	
Jim my	BARKER	at ( <u>904</u> ) <u>269</u> Area Code Daytim	-1090
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	e.	Street Address	

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 TO ARTICLES OF ORGANIZATION OF

VACK B	ANKLEIN, LLC HEISEN 30 AM 7:53
( <u>Name of the Limited Lia</u> (A Fl	ability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liability	· · · · · · · · · · · · · · · · · · ·
forida document number 2 27 500 37528	<u></u>
his amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:
<u>Principal office address MUST BE A STREET AL</u>	DDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	<u> </u>
	tered office address on our records, <u>enter the name of the new regis</u> ere:
gent and/or the new registered office address hel	
Name of New Registered Agent:	
Name of New Registered Agent:	Enter Florida street address
	Enter Florida street address, Florida City Zip Code

I berely accent the appointment as registered agent and agree

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 17 SEP 30 AN 7: 58	Type of Action
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d	9-28-21								
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Typed or printed name of signee