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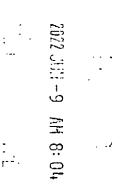
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COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Subject Subje	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Range Range Bullies LLC Firm/Company 5015 5. 200 Stack Address Tanga, FL 33619 City/State and Zip Code Bay Bullies Cost in Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
To runtier information concerning this matter, preuse cum.	^
Name of Person Area Code Daytime Telephone	: Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseTallahassee, FL 323142415 N. Monroe Street, Strallahassee, FL 32303	ee

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Baa Rabu Bullies LLC

2022 3511-9 411 8: 04

(A Florida Limited (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comparing	ny were filed on April 38th 2002 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
B. If amending the registered agent and/or registered offic agent 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:	NIA
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

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, 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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		Taropa, FL 33619	Remove
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record speci is filed.	fies a delayed	effective date, b	but not an effe	ctive time, at	12:01 a.m. on th	he earlier of: (b)) The 90th day a	ifter the
ated <u>M</u> (y 28	th _	-(L),302					