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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE FARAH LAW FIRM, P.A.

Account Number : 120050000023 : (904)443-0060 Fax Number : (904)443-0061

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

JIM @ FARAHLAW. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RANSOM FUNDS, LLC

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ART	ICLES OF ORGANIZA	TION 3
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Ransom Funds, LLC		The state of the s
(Name of the Lim	ited Liability Company as it new appe- (A Florida Limited Liability Company)	irs on our records.)
The Articles of Organization for this Limited L	Liability Company were filed on S	eptember 6, 2022 and assigned
Florida document number L22000388571	<u> </u>	
	Inniua.	· ·
This amendment is submitted to amend the fol	iowing:	
A. If amending name, enter the new name of	of the limited liability company ?	iere:
Ransom Elite Funds, LLC		
The 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 appli	cable:	
Principal office address MUST BE A STREI	-	
TO THE REAL PROPERTY AND THE PARTY OF THE PA	THE PERSONAL PROPERTY OF THE PERSONAL PROPERTY	
Enter new melting address: If applicables		
Enter new mailing address, if applicable:		
<u>Mailine address MAY BE A POST OFFICE</u>	<u>B()X()</u>	
	to the same and th	
B. If amending the registered agent and/or agent and/or the new registered office addre		records, enter the name of the new registered
ikens warnes me new textineten ouere gante	<u></u>	
Name of New Registered Agent:	Farah Law	
New Registered Office Address:	6550 St. Augustine Road, Suite	103
CONTRACTOR NAME OF TAXABLE PARTIES.	Enter Fl	vrida street address
	Jacksonville	, Florida 32217
	City	Zip Code
Yow Registered Agent's Signature, if changing	Registered Agent:	
		canacity. I further gards to comply with the
t hereby accept the appointment as register provisions of all statutes relative to the prop	eu ugeni ana agree 10 aci in inis per and complete performance o	capacity. I further agree to comply with the I 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

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II amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
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