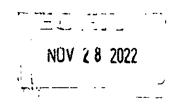
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(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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FILED

COVER LETTER

· 6/3/2	I Willey Arce	nel //c - new n	iche
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of Ai	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	AlAin Fe	emandez	
	Coin Ranger	· LLC	Code Code Code Connual report notification) H94-0350 Daytime Telephone Number Fee & S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
	2204 Lincoln	, Park Ave	
		Address	
	Alva FL, 33	3920	
		City/State and Zip Code	
	infinitionnager	eyahoo.com	(fantion)
			neation)
For further information con	cerning this matter, please ca	all:	
AlAin Temand	e2	at (239) 494	-0350
Name of P	erson	Area Code Daytin	e Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address:			a*: a

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 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ()F

Coin Ranger LLc. (Name of the Limited Liability Compa) (A Florida Limited I	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number 92=0347493 L2200	were filed on 9-13-2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
Wind Valley Assent LCC The new name must be distinguishable and contain the words "Limited Liability".	
he new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	7204 Lincoln Parh AVR Alva PL, 33920
Principal office address MUST BE A STREET ADDRESS)	Alva PL, 33920
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	Alan @ windvalley arrenal acons
B. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our records, enter the name of the new register
Name of New Registered Agent:	111
New Registered Office Address:	Enter Florida street address
	. Florida Zip Code
	City Zip Code

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
•			□Remove
			□Change
			□Remove
			□Change
			□Add
·			⊡Remove
	•		□ Change
			□Remove
			□Change
.			□Add
			⊡Remove
			□Change
			⊒Remove
			□Change

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te: [re date, if other than the date of filing: November 23, 2072 (optional) ctive date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.01 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.
s tile	
ed _	11/21/2022

Filing Fee: \$25.00