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COVER LETTER

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cun icz		RANGER LANDSCAPING & LAWN CARE I		ELLC	
SUBJEC	. I: ,		Name of Limited	Liability Company	
The encl	losed	Articles of A	mendment and fee(s) are submitt	ted for filing.	
Please ro	eturn	all correspond	dence concerning this matter to the	he following:	
			TAMMIE STONEKING		
			OLIVER & COMPANY PA	Name of Person	_
			OLIVIA & COMPANY TA	Firm/Company	_
			1140 STERLING ROAD	Address	_
			INVERENSS, FL 34450	Address	
			STONEKING.TAMMIE@OLI	City/State and Zip Code	_
				e used for future annual report notification)	
For furth	her in	formation co	neerning this matter, please call:		
TAMM	IE S'	TONEKING		352 746-1400 at ()	
-		Name of	Person	Area Code Daytime Telephone Numb	er
Enclose	d is a	check for the	following amount:		
■ \$25	1 00.	Tiling Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
	Reg Div P.C	iling Address gistration Sovision of Co D. Box 6327 lahassee, F	ection orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RANGER LANDSCAPING & LAWN CARE LLC

(Name of the Limited Liability/Company as it now appears on our records.)
(A Florida limited Liability Company)

This amendment is submitted to amend the following:	:				
A. If amending name, enter the new name of the li	mited liability	company here:			
The new name must be distinguishable and contain the words "I	imited Liability C	ompany," the design	ation "LLC" or th	he abbro	viation "L.L.C
Enter new principal offices address, if applicable:	_				
(Principal office address MUST BE A STREET AD	<u>DRESS)</u> _				
	_				
Enter new mailing address, if applicable:	_				·
(Mailing address MAY BE A POST OFFICE BOX)	1				
(bladding dadress MAT BE ATOST OFFICE BOA)	1 -				
(Stating datess MAT BE AT OST OFFICE BOX)	_				
	_	ress on our recor	ds, enter the	name	of the new
B. If amending the registered agent and/or registe	red office addi	ress on our recor	ds, <u>enter the</u>	name (of the new
B. If amending the registered agent and/or registe	red office addi	ress on our recor	ds, <u>enter the</u> 1	name	67
B. If amending the registered agent and/or registe	red office addi	ress on our recor	ds, <u>enter the</u>	name (3D 22OZ
B. If amending the registered agent and/or registe agent and/or the new registered office address her	red office addi				2022 (150 -
B. If amending the registered agent and/or registe agent and/or the new registered office address here. Name of New Registered Agent:	red office addi	ress on our recor		name (3D 22OZ
B. If amending the registered agent and/or registe agent and/or the new registered office address here. Name of New Registered Agent:	red office addi	Enter Florida s		12. 12. 13. 13. 13. 13. 13. 13.	2022 dEC -5 Ph
B. If amending the registered agent and/or registe agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	red office addi		treet address		2022 CEC -5 Fix Zip'Code
B. If amending the registered agent and/or registe agent and/or the new registered office address here. Name of New Registered Agent:	red office addr e: ered Agent:	Enter Florida s City	treet address , Florid:		2022 (EC -5 Ph Zip'Code

	from our records:	d to manage, enter the title, name, and addi	
MGR = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of A
MGR	JAIMEE L PFEIFER	3949 E BYRD ST	□Add
		INVERNESS, FL 34453	□Remo
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. If amending any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)
	
	<u> </u>
Note: If the date inserted in this block does not meet t	(optional) of the prior to date of filing or more than 90 days after filing.) Pursuant to 605 the applicable statutory filing requirements, this date will not be listed.
document's effective date on the Department of State's	records.
he record specifies a delayed effective date, but not an efford is filed.	ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte
Algua hais 10	
Dated November 18	<u> </u>
mynthat	
Signature of a memb	er or authorized representative of a member
max PERIF	
Турс	ed or printed name of signee
)

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