## UZ3000511870

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## **COVER LETTER**

TO: , Registration Section

Division of Cor	porations		
BASIC AR	MS LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		and the state of t	
	GAJE PAPPONETTI		
		Name of Person	
		Firm Company	<del>.</del>
	2140 CREEKS CROSSIN		
		Address	
	LAKELAND, FL 33810		
		City/State and Zip Code	
	GAJEPAPPONETTI@GM	AIL.COM to be used for future annual report no	vi (frontism)
For further information c	oncerning this matter, please c	•	ATTEMON)
GAJE PAPPONETTI		585 331-6335 at ()	
Name o	f Person	Area Code Dayti	ine Telephone Number
Enclosed is a check for the	he following amount;		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration S	ection
Division of C	orporations	Division of Co	orporations
P.O. Box 632 Tallahassee, 1		The Centre of	
i ailaliassee, l	ニレ フニンモサ	2413 N. MONI	oe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BASIC ARMS LLC		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability florida document number $\frac{1.23000511870}{1.00000000000000000000000000000000000$	Company were filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
CG RANGE LINK LLC		
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" of	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	(DECC)	
The party office dutiess most in Astron. 1 Abr		
	<del></del>	
Inter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
Mailing address MAY BE A POST OFFICE BOX)		<del></del>
3. If amending the registered agent and/or registere gent and/or the new registered office address here:		e name of the new regist
Name of New Registered Agent:	w	
New Registered Office Address:		
	Enter Florida street address	,
	, Florie	da
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CHRISTOPHER BEALL	4825 ACORN DR N	
		LAKELAND, FL 33810	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
			□Change
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<del></del> -			□Add
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			□Change

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Filing Fee: \$25.00