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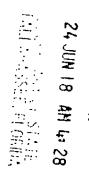
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cape Coral Range and Store, LLC Name of Emitted Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher Kagan Name of Person
Firm/Company
8191 (ollige Pkwy, Svite 303
City/State and Zip Code Christopher, Kasan Damail.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher Kagan at (234) 7077777 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
▼S25.00 Filing Fee □ S30.00 Filing Fee & □ S55.00 Filing Fee & □ S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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 OF

Cape Cural Range	and Store LL lity Company as it now appears on la Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability (Florida document number <u>L 24000 255 813</u>	Company were filed on 6	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADD	RESS)	
		20. 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		rds, enter the name of the new registered
Name of New Registered Agent:		
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 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
MGR	Wayne Isaacson	8191 College Ptwy, Sult3	<u>03</u> □Add
		Ft. Myers, FL 33919	□Remove
	·		□Add
			□Remove
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tote. If the c	ate inserted in t	mis block does	not meet in	e applicable	statutory filin	g requiremen	ts, this date v	vill not be listed a
ocument s e	fective date on	the Departmen	it of State's	records.				
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i io integr.								
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			—· -/					
Pated		Signature Christ	of afficient	r or authorized	representative	of a member		