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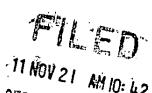
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SECRETARY OF STATE

COVER LETTER

'TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Range	- Towing & Transport IX
DOCUMENT NUMBER: PII 0000 80	629
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
FELIX Runge	Name of Contact Person
Range Town	Firm/Company
2407 Florida Si	A delugação
West Faces Be	City/ State and Zip Code
F-mail address: (to be	used for future annual report notification)
in man autress. (to be	used for fatate annual report normeation;
For further information concerning this matter, ple	ease call:
Name of Contact Person	at (<u>SZ/</u>) <u>L26-92/</u> Area Code & Daytime Telephone Number
	, .
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



\	he Florida Dept. of State HASSEE FLORIDA
01100080629	LONIDA
(Document Number of Corporation	on (if known)
ursuant to the provisions of section 607.1006, Florida Statutonendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the foll
If amending name, enter the new name of the corporation	<u>i</u>
Ranger Towing Transport	and Auto Repair Tex
Cange Towns, Transport the new name must be distinguishable and contain the word "co bbreviation "Corp.," "Inc.," or Co.," or the designation "Co ame must contain the word "chartered," "professional associat	p, the, or co. A projessional corporation
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	West Pacon Beacing
	FC 33409
. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	2407 Florida ST Wait Para Beach, FL
	Wait Para Beacit, FL
	33404
. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add Name of New Registered Agent:	
/DI +1	a street address)
(Florida	
New Registered Office Address:	(Zip Code)

Signature of New Registered Agent, if changing

additional sheet.) Title(s)	<u>Name</u>		Address	
1)		·		
2)				
3)				
4)				
5)				
6)				11.0

2)	 5)	
3)	6)	

1)____

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	
	····	

provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
NA
Mr.
<u> </u>
The date of each amendment(s) adoption:
·
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
by" (voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Fecix Range
(Typed or printed name of person signing)
President
(Title of person signing)