P24000053475

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2024 NOV -8 PM 1: 57 SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

••

NAME OF CORPO	RATION: RANGO PROSER	VICES INC			
	BER: P24000053475				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
RAUL D REZA RIVAS					
	Name of Contact Person				
RANGO PROSERVICES INC					
Firm/ Company			· · · · · · · · · · · · · · · · · · ·		
	650 SW 13 ST				
Address					
FLORIDA CITY FL 33034					
	City/ State and Zip Code			7 338	2024
				ALL	0.0
	E-mail address: (to be us	sed for future annual report	notification)	ECRETARY OF STATE TALLAHASSEE, FL	2024 NOV -8 PM 1: 57
For further informatio	on concerning this matter, pleas	se call:		FE,	
RAUL D REZA RIV	ΛS	at {	1	FL	: 57
Name of Contact Person		Area Co) de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amo Div	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment poration

Articles of Incorp	
of	

RANGO PROSERVICES INC		
(Name of Corporation as of	currently filed with the Florida Dept. of State)	
P24000053475		
(Document N	lumber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s	s) to
A. If amending name, enter the new name of the corpora	ation:	
name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp," "Inc." or "chartered," "professional association," or the abbreviation	The new ntion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word on "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office Name of New Registered Agent	SECRETARY OF STATES Address:	2024 NOV -8 PM 1. S
Hant of Hen Heganerta Igen		- (
(F)	Florida street address)	7
New Registered Office Address:	, Florida	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	familiar with and accept the obligations of the position.	
Signature o	of New Registered Agent, if changing	
Cheek if applicable		

Check if applicable \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	<u>v</u>	JOCELYN BONILLA DUARTE	650 SW 13 ST	_
X Add			FLORIDA CITY FL 33034	_
Remove				
2) Change				_
Add				
Remove 3) Change				2024
Add			ALL/	2024 NOV -8
Remove			AHASY	7-8
4) Change			<u> </u>	_ 2 []
Add			E STA	- - - C
Remove			, <u>m</u>	57
5) Change				
Add				_
Remove				
6) Change				-
Add				_
Remove				

	10/10/2024	
The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	10/10/2024	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, ne Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amenere sufficient for approval.	idment(s)
	e approved by the shareholders through voting groups. The following d for each voting group entitled to vote separately on the amendments.	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
10/10/	2024	20: SE
Dated		ZC Z
Signature	Nill	SECRETAL TALLA
(B se	y a director, president or other officer – if directors or officers have no lected, by an incorporator – if in the hands of a receiver, trustee, or oth pointed fiduciary by that fiduciary)	of been
	RAUL D REZA RIVAS	H: 5 STA E, FI
	(Typed or printed name of person signing)	7
	Р	
	(Title of person signing)	