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(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor		,	
SUB IE	URENU LI	.c		
SUBJEC	,l:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Kaleena F Henry		
			Name of Person	
		URENU LLC		-
			Firm/Company	· · · · · ·
		2412 Winchester Blvd		
			Address	cation)
		Kissimmee, FL 34743		
			City/State and Zip Code	
		urenuinfo@gmail.com		
		E-mail address: (i	to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please ca	all:	
Kaleena	F Henry		407 394-8077 at ()	
•	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e 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 ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

URĖNU LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on March 27, 2017	and assigned
Florida document number L17000069371		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		E
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Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		· re
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
N. B. J. A. B.	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 Changing Registered Agent, Signature of New Registered Agent

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

Title	<u>Name</u>	Address	Type of Action
MGR	Kaleena F Henry	2412 Winchester Blvd, Kissimmee	■ Add
			□ Remove
			☐ Change
			Add
		 	Remove 'T
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 			Change Change
			□ Remove
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			□ Remove
			☐ Change

fective date, if other than the date of filing: (optional) In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03 Its: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed coment's effective date on the Department of State's records. It record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed. Segnature of a member or authorized representative of a member		
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14 Kland	ted November 28 2017	
Signature of a member or authorized representative of a member	4/1/	-
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Filing Fee: \$25.00