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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: ROBLES:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Jennifer Robles				
		Name of Person	 		
	ROBLES 5, LLC				
•		Firm/Company			
	4074 Gulfstream Dr				
		Address			
	Jacksonville Beach, FL3.	2250			
	jennyrobles1@gmail.com	City/State and Zip Code			
	•	to be used for future annual report not	ification)		
For further information co	oncerning this matter, please c	all:			
Jennifer Robles		904 844-3331			
Name of Person		at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for th	e following anount:				
₹\$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 Se	ection		
Division of Corporations		Division of Co	Division of Corporations		
P.O. Box 632 Tallahassee, F		The Centre of 7 2415 N. Monro	Fallahassee oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROBLES 5, LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000101701</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u> RENEWAL REALTY, LLC	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- N
Enter new mailing address, if applicable:	FEB 24 FM
Mailing address MAY BE A POST OFFICE BOX) •	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	Ciny 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
	•	-	
	•		Remove
			Change
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fective date, if other than the date in effective date is listed, the date must be sp	of filing:	- 4.51	_ (optional)
<u>ote:</u> If the date inserted in this block defeated.	oes not meet the applicable	te of filing or more than 90 c statutory filing requireme	Tays after filing.) Pursuant to 605. ents, this date will not be liste
cument's effective date on the Departi	nent of State's records.		
record specifies a delayed effe	activo dato, but not an	offactive time at 1	7:01 a months saulis
The 90th day after the record i		enective time, at 1	.2.01 a.m. on the earlie
February 21	2020		
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