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SECRETARY OF STATE
TALL AHASSEF, FI

A. BUTLER APR 2 8 2022

## **COVER LETTER**

Division of Corporations			
SUBJECT:	Renegade Trade	es LLC	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Mike Hu	Ster Name of Person	
		Name of Person	
	Renegade	Trades LLC Firm/Company	
	3959 Va.	Nylce Rd 147 Address	
	Lutz FI	33558 City/State and Zip Code	
		Crustate and zip Code  2 rusces Q y a hoo.  To be used for future annual report not	Com ification)
For further information con-	cerning this matter, please or	nH:	
Mille Huston	,	at ( <u>{{13}}</u> ) 399 Area Code Daytin	5079
Name of Pe	erson	Area Code Daytin	ne Telephone Number
Enclosed is a check for the I	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:	nti on	Street Address:	
Registration Sec Division of Cor		Registration Se Division of Co	
P.O. Box 6327	•	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Renegade Trades LLC		2022 APR -7 AMIC
(Name of the Limited Liability Company (A Florida Limited La	e as it now appear ability Company)	s on our records.) SECRETARY
The Articles of Organization for this Limited Liability Company w	rere filed on <u>6</u>	5-21-30274SSEE and assigned
Florida document number L 21000 286308		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company he	<u>re</u> :
Century Services Froup LLC The new name must be distinguishable and contain the words "Limited Liability	_	
The new name must be distinguishable and contain the words "Limited Liability	Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad	dress on our re	cords, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida street address		
		. Florida Zip Code
Name Danistanus d'Arango (Caranana (Catalonia Danistana de Catalonia Danistana de Catalonia Danistana de Catalonia de Cata	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	_	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p		• • •

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:

or removed	from our records:		
MGR = N $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			⊐Add
			□Remove
		,	□Change
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			□Remove
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			□Remove
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			⊐Add

□ Change

_	
Note: If	e date, if other than the date of filing:
e record : rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the .
Dated _	61-3-2022
	Michael Huster  Typed or printed name of signee
	Michael Huster