Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000244152 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RENZOE HOME LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu Corporate Filing Menu

T. LEMIEUX Help JUL 2 1 2022 To: 18506176383 From: 12147128131 Date: 07/19/22 Time: 12:05 PM Page: 02/04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000244152 3)))

| RENZOE HOME LLC | | | |
|--|------------------------------|---|---------------------------|
| (Name of the Line | (A Florida Limited Liability | now appears on our records.) Company) | |
| The Articles of Organization for this Limited 1 | Liability Company were f | iled on 10:21/2021 | and assigned |
| Florida document number L21000458470 | · | | |
| This amendment is submitted to amend the fol | lowing. | | |
| A. If amending name, enter the new name of | of the limited liability co | upany here: | • |
| The new name must be distinguishable and contain the | words "Limited Liability Com | ipany," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | | |
| Principal office address MUST BE A STRE | ET ADDRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | <u></u> | <u></u> |
| Muiling address MAY BE A POST OFFICE | (BOX) | , <u>, , , , , , , , , , , , , , , , , , </u> | |
| | | | |
| | | | |
| 3. If amending the registered agent and/or | | s on our records, <u>enter the</u> | name of the new regist |
| igent and/or the new registered office addr | ess here: | | 6 7 |
| Name of New Registered Agent: | SEVEN DAYS CORP | ORATION , S.A.C | 2022 JL |
| New Registered Office Address: | 993 LAKE BERKLEY | DR | |
| New Registered Office Address. | | Enter Florida street address | |
| | KISSIMMEE | . Florid | 3 1-7-1 4 · · · · · · |
| | Cit | | S Zip (Me |
| New Registered Agent's Signature, if changing | Pagistared Agents | | 29 ⊞/ |

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.

H Changing Registered Agent, Signature of New Registered Agent

To: 18506176383 From: 12147128131 Date: 07/19/22 Time: 12:05 PM Page: 03/04

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H22000244152 3)))

MGR = Manager AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|----------------|---------------------------------|---------------------|-----------------|
| MGR | Manuel R Ortega Espinoza | 993 LAKE BERKLEY DR | CAdd |
| | | KISSIMMEE, FL 34746 | |
| | | | TChange |
| Manager ——— | Louides Isabei Zapata Portuguez | 993 LAKE BERKLEY DR | Dadd |
| | | KISSIMMEE, FL 34746 | ≣ Remove |
| | | | DChange |
| MGR | Seven Days Corporation , S.A.C | 993 LAKE BERKLEY DR | = Add |
| | | KISSIMMEE, FL 34746 | □Remove |
| | | | IChange |
| | | | ZAdd |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | ElRemove |
| | | | □(Thunge |
| | | | |
| | | | |
| | | | DChange |

| | | | | (((H22000244152 3)) |
|--------------------------------------|---|-------------------------------|--|--|
| D. If amending a | any other information, e | enter change(s) here: 7 | Attach additional sheets, if ne | cessary.) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | ······································ | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| · | | | | |
| | | | | |
| | | | | |
| Note: If the da | e, if other than the date to is listed, the date must be speate inserted in this block do feetive date on the Departm | ies not meet the applicable | (op ate of filing or more than 90 days aft statutory filing riquir mints, th | tional) er filing.) Pursuant to 605,0207 (3)() s date w II not be fisted as the |
| If the record specificecord is filed | ies a delayed effective date. | , but not an effective time. | at 12:01 a.m. on the earlier of: | (b) The 90th day—fter the |
| Dated | July 12 | 2022 | | |
| | Man Signat | ture of a member or authorize | d representative Thember | |
| | | | te Espinoze | |

Filing Fee: \$25.00

To: 18506176383 From: 12147128131 Date: 07/19/22 Time: 12:05 PM Page: 04/04

(((H22000244152 3)))