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SECRETARY OF STAIL FALLAHASSEE, FLORIDA

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K. SALY SEP 25 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: RENEERO HOLDINGS LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
RENEE TURUNEN Name of Person
RENEERO HOLDINGS UC Firm/Company
3000 SW 14th STICEST Address
FOET LANDGEDAG PC 33312  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RENEE TULU NOW at (954) S49-4144  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: 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

# TO ARTICLES OF ORGANIZATION

2017 SEP 22 AM 10: 48 **OF** The Articles of Organization for this Limited Liability Company were filed on \_\_\_ and assigned Florida document number <u>L17000171046</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, 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

#### 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

Florida

### or reinoveu from our recorus:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR GRE	GREGORY SANDS	151 N. NOBHUL RD #355 PLANTATION, FC 33324	
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<b>Effecti</b> If an eff	ve date, if other than the date of filing: (optional) ective 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 605.0207 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docum	ent's effective date on the Department of State's records.
e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
IIIC	Social day after the record is filed.
	1
Dated .	
	Signature of a member or authorized representative of a member
	RENEE TURUNEW Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00