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(R	lequestor's Name)			
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(C	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(B	dusiness Entity Name)			
(C	Occument Number)			
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

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SECRETARY OF STATE

D. BRUCE

MAR 5 2009

EXAMINER

COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Cor	rporations				
SUBJECT: MR NC). 5. LLC			E	.
SUBJECT, MICHAEL		ited Liability Company)		•	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Luis Machado				
		(Name of Person)			
		(Firm/Company)			
	305 Alcazar Ave Suite #			TAL Se	
		(Address)		09 MAR SECRET	emega.
	Coral Gables, Florida 33	134			7
		(City/State and Zip Code)		EU C. 200	
For further information of	concerning this matter, please c	all:		AH II: 26 OF STATE E. FLORIDA	C
Luis Machado		at (305) 447-1776		OFF 6	
	of Person) .	(Area Code & Daytime T	elephone Number	•)	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	☑\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	d)
Regist Divisi	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MR NO. 5, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on 1/25/2002	and assigned
Florida document number L02000001875		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
RENEGADE AT HIALEAH BLVD, LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the o	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	305 Alcazar Ave	
(Principal office address MUST BE A STREET ADDRESS)	Suite # 3	7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of	Coral Gables, Florida 33	MAR -4 AMII: 26 RETARY OF STATE AHASSEE, FLORID
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:	(Enter Flor	ida street address)
		. Florida
	(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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Address** Title Name ☐ Add Remove ☐ Add Remove **∄** Add Remove ☐ Add Remove **□** Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ___ Signature of a member or authorized representative of a member Luis Machado Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00