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CLERK OF STATE
JANET H. SULLIVAN

AUG 25 2014

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **RENEE HOMES, 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:

SHAYNA M BECHTEL, ESQ

Name of Person

LAW OFFICES OF SHAYNA M BECHTEL, PL

Firm/Company

3731 NE PINEAPPLE AVENUE, SUITE A

Address

JENSEN BEACH, FL 34957

City/State and Zip Code

SMBECHTEL@SMBLAWOFFICES.COM

E-mail address: (to be used for future annual report notification)

2014 AUG 22 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED

For further information concerning this matter, please call:

SHAYNA M BECHTEL

Name of Person

at **(772) 225-5830**

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RENEE HOMES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/02/2006 and assigned
Florida document number L06000011993.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RENAR BUILDERS, LLC

The new name must be distinguishable and end with 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:

SHAYNA M. BECHTEL

New Registered Office Address:

3731 NE PINEAPPLE AVENUE, SUITE A

Enter Florida street address

JENSEN BEACH

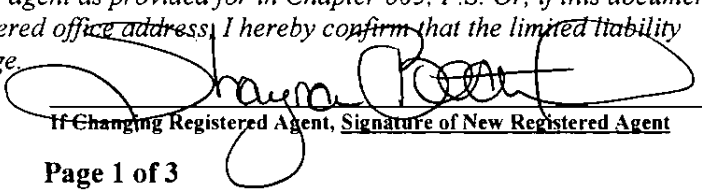
City

Florida 34957

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ARDEN DOSS, JR	3731 NE PINEAPPLE AVENUE	<input type="checkbox"/> Add
		JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Remove
MGRM	RENEE M DOSS	3731 NE PINEAPPLE AVENUE	<input type="checkbox"/> Add
		JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Remove
MGR	RHONDA S. ROWE	3731 NE PINEAPPLE AVENUE	<input type="checkbox"/> Add
		JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Remove
MGR	LISA FIELD	3731 NE PINEAPPLE AVENUE	<input checked="" type="checkbox"/> Add
		JENSEN BEACH, FL 34957	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 19, 2014



Signature of a member or authorized representative of a member

ARDEN DOSS, JR.

Typed or printed name of signee

2014 AUG 22 AM 10:46
SECRETARY OF STATE
TALLAHASSEE FL 32310