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DIVISION OF CORFORATIONS

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COVER LETTER

	istration Sect ision of Corpo				
CUDIECE.	RENAISSAN	ICE HOME & HEALTH SER	VICES, LLC		
Name of Limited Liability Company					
The enclosed	Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return	all correspond	dence concerning this matter to	o the following:		
		ROSE-DOTHY ARTISTE			
		. .	Name of Person		
		RENAISSANCE HOME &	HEALTH SERVICES, LLC		
			Firm/Company		
		9510 ATLANTIC STREET			
		***************************************	Address		
		MIRAMAR, FLORIDA 330	025		
		***************************************	City/State and Zip Code		
		ARTISTE I IUSA@AIM.CO			
		E-mail address: (to	be used for future annual report notifi	cation)	
For further in	formation con	cerning this matter, please cal	l:		
ROSE-DOTI	Y ARTISTE		954 662-3194		
	Name of P	erson		Telephone Number	
Enclosed is a	check for the	following amount:			
□ \$25.00 F	iling 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

RENAISSANCE HOME & HEALTH SERVICES (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 09/21/2007 The Articles of Organization for this Limited Liability Company were filed on ___ and assigned Florida document number __L07000096864 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." 7951 RIVIERA BLVD SUITE 401 Enter new principal offices address, if applicable: MIRAMAR, FL 33023 (Principal office address MUST BE A STREET ADDRESS) Euter 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 PRATIONS 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIE LOURDES PHILIPPE	17155 NW 13 ST, PPines FL 33028	
			☐ Remove
			☐ Change
MGR	SAMUEL H ARTISTE	9510 ATLANTIC ST, FL 33025	Add
			🗖 Remove
			Change
·	WADLER JULES	30 NW 196 STREET, MIA	
		4-1-4-4	■ Remove
			Change
	FENOL ROMAIN	200 IAKEVIEW DR #107, Weston	Add
			Remove 16 CT Remove 16 CT Remove 16 CT Remove 16 CT Remove 17 Change 18 Add
		,,,,,,,,	Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	ry.)
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	g.) Pursuant to 605.0207 (
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. (b) The 90th day after the record is filed.	. on the earlier of:
Dated	
Signature of member or authorized representative of a member	
ROSE-DOTHY ARTISTE	

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Filing Fee: \$25.00