## L08000067147

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
TALL AHASSEE, FLORID

J. HARRIS

## **COVER LETTER**

TO:	Registration Se Division of Cor				
elib iii	·ct.	Renaissance Aca	demic Services, LLC		
SUBJE	Name of Limited Liability Company				
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please 1	return all correspo	ndence concerning this matter	to the following:		
		C	Or. Carol J. Johnson-Coote		
			Name of Person		
		R	denaissance Academic Services, LLC		
			Firm/Company		
			3712 NW 63rd Court		
			Address		
			Coconut Creek, Florida 33073		
		<u> </u>	City/State and Zip Code		
			Pancoote@aol.com		
		E-mail address: (	to be used for future annual report notifi	cation)	
For fur	ther information c	oncerning this matter, please ca	all:		
	Dr. Carol J. Johns	son-Coote	954 465-3652		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	ed is a check for th	ne following amount:			
<b>■</b> \$25	5.00 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:

TO:

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 Academ  (Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Clorida document number L08000067147	• • •	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	oility company here:	
Renaissance Empowerment Centre, LLC.		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	3712 NW 63rd Court	
Principal office address MUST BE A STREET ADDRESS)	Coconut Creek, Florida 33073	
	- "	75 <b>7</b>
nter new mailing address, if applicable:	3712 NW 63rd Court	
(Mailing address MAY BE A POST OFFICE BOX)	Coconut Creek, Florida 33073	A P M
B. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		ida
	, Flor	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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Factive date if other than th	a data of filing:	(ontional)
an effective date is listed, the date mu	te date of filing:  ust be specific and cannot be prior to date of filing or more that	an 90 days after filing.) Pursuant to 605.02
	plock does not meet the applicable statutory filing requipperatment of State's records.	irements, this date will not be listed to
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Page 3 of 3

Filing Fee: \$25.00