Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000294585 3)))



H220002945853AEC4

To:		LTAR LAH
	Division of Corporations	A. A.
	Fax Number : (850)617-6383	SSO
From:		AM II: OF STEE. FL
	Account Name : SANTUCCI PRIORE, P.L.	그렇 •
	Account Number : I20220300081	O3
	Phone : (954)351-7474	νη ω
	Fax Number : (954)351-7475	
	the email address for this business entity to be one of the contract of the co	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RENOIR INTERNATIONAL LLC

C. BRUMBLEY

Z

Certificate of Status	1
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Page Count	05
Estimated Charge	\$30.00

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Corporate Filing Menu

Help

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ن	.	COVER LETTER,	
TO: Registration Se Division of Cor		·	
	NTERNATIONAL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fcc(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	alan D. Barson, Esq)	
		Name of Person	
	SANTUCCI PRIORE, P.L	···	
		FirevCompany	
	200 S ANDREWS AVE -	SUITE 100	
		Address	
	FORT LAUDERDALE FI	LORIDA 33301	
		City/State and Zip Code	
	abarson@500law.com	to be used for future annual report notif	ication)
Eachigher information o	oncerning this matter, please c		(**************************************
ALAN D. BARSON, ES	·Q	954 351-7474 at()	
Name o	l Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Corp The Centre of T	porations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RENOIR INTERNATIONAL LLC			_	
(Name of the Limit	ed Liability Compa (A Florida Limited	invins it now appears or Liability Company)	pur records.)	
The Articles of Organization for this Limited L. Florida document number L03000108356	iability Company	were filed on NOVE	EMBER 20, 2008	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Lisbi	lity Company," the desig	nation "UUC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2805 EAST OAKL	AND PARK_BLVD.	
		#419		
		FORT LAUDERD	ALE FLORIDA 3330	06 25 25
Enter new mailing address, if applicable:		2805 EAST OAKL	AND PARK BLVD.	ZAUG
(Mailing address MAY BE A POST OFFICE BOX)		#419		A 30 7
		FORT LAUDERD	ALE FLORIDA 333	% 9 ≥ m
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office : is her <u>e</u> :	address on our reco	rds, <u>enter the naf</u> i	Exif the new registere
Name of New Registered Agent:	SANTUCCI PI	RIORE, P.L.		
New Registered Office Address:	200 S ANDRE	WS AVE STE 100		
		Enter Florida		
	FORT LAUDE		, Florida <u></u> 33	301
		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 dutles, 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:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	STEVEN SCIARRETTA, ESQ	2799 NW BOCA RATON BLVD.	
		SUITE 203	≣ Remove
		BOCA RATON FLORIDA 33431	[] Change
			⊕Add
			□Remove
		·	(☐Change
			🗆 Add
			□Remove
	,		Change
			□ Add
			☐ Change
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			□Add
			☐ Remové
			□ Change

	RENOIR INTERNATIONAL LLC. THE FIRST AMENDMENT WAS FILED MAY 10, 2011.
	2. IT IS HEREBY RATIFIED AND CONFIRMED THAT THE SOLE MANAGER OF
	RENOIR INTERNATIONAL LLC IS SCOTT WILLEY.
No	effective date, if other than the date of filing: effective 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 (3xter) E: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
f the re ecord i	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filled.
Dat	ed AUGUST 29 2022
	The first and the same of a marrier
	Ignative of a member or authorized representative of a member
	SCOTT WILLEY

Filing Fee: \$25.00