## 109000029638

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
·	·	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officers	
Special instructions to	Filing Onicer,	

Office Use Only



900318245859

08/11/18--01014--610 →•25.00

FILED
18 SEP 10 AM 2: 00
SECRETARIOR SEPTEMBER
SECRETARIOR SECRETARIOR SEPTEMBER
SECRETARIOR SECRETARIOR SEPTEMBER
SECRETARIOR SECRETARIOR SECRETARIOR SEPTEMBER
SECRETARIOR SECRE

SALY
SEP 1 1 2018



July 26, 2018

SOHO CAPITAL LLC. 701 S HOWARD AVE. SUITE 106-322 TAMPA, FL 33606

SUBJECT: SOHO CAPITAL LLC. Ref. Number: L14000087569

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 218A00015446

Karen A Saly Regulatory Specialist II

PET D 2018 SEP 10 7:311:01

(·)

## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:		RENNAN, LLC		
Name of Limited Liability Company				
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		CARRIE CHRISTINO		
			Name of Person	
		SOHO CAPITAL LLC		
		<del></del>	Firm/Company	
		701 S HOWARD AVE ST	TE 106-322	
			Address	<del></del>
		TAMPA, FL 33606		
			City/State and Zip Code	
		CARRIE@SOHO-CAPITA		<u> </u>
		E-mail address: (	to be used for future annual report notifi	cation)
For further in	iformation co	oncerning this matter, please co	all:	
CHARLES I	BRUCK		813 335-9210 at ( )	
	Name of	Person		Telephone Number
Enclosed is a	check for the	e following amount:		
<b>\$</b> 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

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



**BCI MULRENNAN LLC** 

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

(		37	-U///)A
The Articles of Organization for this Limited Liability	Company were filed on	3-25-09	and assigned
Florida document number L09000029638	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company	here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," th	ne designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADI	ORESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		•	
B. If amending the registered agent and/or registered agent and/or the new registered office ac		on our records, g	enter the name of the n
	<del></del>		
Name of New Registered Agent:			<u>.</u>
New Registered Office Address:	Enter	Florida street address	
		Flori	da
<del></del>	City	,	da Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:		
I hereby accept the appointment as registered ager	nt and agree to act in th	is capacity. I furth	er agree to comply with t
Thereby the copy the appointment as a games as again	Loomulata narformanca	of my duties and	Lam familiar with and

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	CHARLES BRUCK	701 S HOWARD AVE	
		STE 106-322	■ Remove
		TAMPA, FL 33606	□ Change
			☐ Remove
			Change S. C. A. A. T. L. F.
<del></del>			AR TO ARE
			B Change
			□ Remove
			_ Change
			☐ Remove
		<u></u>	☐ Change
			□ Add
			□ Remove
			☐ Change

•	18 SEP TO AM 2:00
	18 SEP 10
	3.00 AM 2:00
	ALLAMAS SEE CONTRACTOR
	- CORIOA
	<u> </u>
(If an e	tive date, if other than the date of filing:  ffective 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 (3)(  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ment's effective date on the Department of State's records.
If the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	$\frac{\text{MAY 3}}{\text{M}} \wedge \frac{2018}{\text{M}}$
	Signature of a member or authorized representative of a member
	CHARLES BRUCK
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00