109000098903

	Requestor's Name)	
	Address)	
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	City/State/Zip/Phone #)	
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COVER LETTER

TO:	Registration S Division of Co		
SUBJE		danagement LLC	
SUBJE	.c.i	Name	of Limited Liability Company
The end	closed Articles o	「Amendment and fee(s)	are submitted for filing.
Please t	return all corresp	ondence concerning this	matter to the following:
		Gregg F. Siewart,	dember/President
			Name of Person
		Rinnovo Managem	cnt LL.C
			Firm/Company
		3940 NE Sugarhill	Avenue
			Address
		Jensen Beach, FL 3	¥957
			City/State and Zip Code
		gstewart@rinnovorn	H i
For fur	ther information	E-mail ac concerning this matter, p	dress: (to be used for future annual report notification)
Gregg	F. Stewart	_	772 834-3876
	Name	of Person	at () Area Code Daytime Telephone Number
Enclose	ed is a check for	the following amount:	
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee Certificate of St	IMIL
MAILING ADDRESS:			STREET/COURIER ADDRESS:
Registration Section Division of Corporations			Registration Section Division of Corporations
	P.O. I	3ox 6327	Clifton Building
	Tallal	nassee, FL 32314	266) Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 MOV 27 PM 4: 24

FALLAHASSEE, FLORIDA

Rinnovo Management 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 E09000098903 Florida document number	Liability Company were filed on November 20, 2017 and assigned
This amendment is submitted to amend the	bllowing:
A. If amending name, enter the new nam	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."
Enter new principal offices address, if app	licable:
(Principal office address MUST BE A STR	SET ADDRESS)
Enter you weiling address if and in the	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent are registered agent and/or the new registered	id/or registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changin	gRegistered Agent:
provisions of all statutes relative to the pro accept the obligations of my position as re	red agent and agree to act in this capacity. I further agree to comply with the oper and complete performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S. Or, if this document is eregistered office address, I hereby confirm that the limited liability is change. If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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** <u>Name</u> <u>Address</u> **Type of Action** Secretary Magali M. Stewart 3940 NE Sugarhill Avenue **■** Add Jensen Beach, FL 34957 □ Remove Change □ Add _□ Remove _□ Change ☐ Remove ☐ Change _□ Remove ☐ Change _□ Add □ Remove _□ Change

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