L100000002131

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10 MAY -3 PM 2: 58

D. BRUCE

MAY -4

EXAMINER

COVER LETTER

TO:	Registration Division of C						
SUBJ	SUBJECT:RENAISSANCE WHOLESALE, LLC Name of Limited Liability Company						
50.00							
The er	nclosed Articles	of Amendment and fee(s) are sul	omitted for filing.				
Please	return all corres	spondence concerning this matter	r to the following:				
			PHILIP E. VITELLO		_		
			Name of Person				
			Firm/Company		_		
3200 AIRPORT WEST DRIVE Address		RIVE					
		- 	<u>_</u>				
	VERO BEACH, FL 32960			0 HAY -3			
			City/State and Zip Code		TAR TASS	<u>-۲</u>	
		E-mail address: (itellop@bellsouth.net to be used for future annual rep	port notification)		P	İΥ
For fu	rther information	n concerning this matter, please o	call:		FLORI	2:5	C
		philip vitello	at (<u>772</u>)	581 8969	Diri	(CO)	
	Nam	e of Person	Area Code &	t Daytime Telephone Numb	er		
Enclo	sed is a check fo	r the following amount:					
₹ 2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certific	iling Fee, eate of Statu ed Copy onal copy is		ied)
	Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314	Registration Division of Clifton Bu	f Corporations			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RENAISSANCE WI				
(<u>Name o</u>	f the Limited Liability Compan (A Florida Limited Li	y as it now appears ability Company)	on our records.)		
The Articles of Organization for th	is Limited Liability Company	were filed on	1/07/10	and assigned	
Florida document number	L10000002131				
This amendment is submitted to ar	nend the following:				
A. If amending name, enter the	new name of the limited liabi	lity company here	:		
The new name must be distinguishab "L.L.C."	le and end with the words "Limit	ed Liability Compar	y," the designation "	LLC" or the abbreviation	
Enter new principal offices addr	ess, if applicable:			F 3	
(Principal office address MUST L	BE A STREET ADDRESS)				
				STATE OF THE STATE	
Enter new mailing address, if ap	plicable:			To 3 M	
(Mailing address MAY BE A POST OFFICE BOX)			07(10)	N O	
B. If amending the registered registered agent and/or the new			ur records, <u>enter</u>	the name of the nev	
Name of New Registered	Agent:				
New Registered Office A	ddress:				
		Enter Florida street address			
		- C''	, Florida	Zip Code	
		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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title <u>Address</u> Type of Action <u>Name</u> **MGRM** ROSARIO CONIGLIO 7007 WOODBRIDGE CIRCLE ✓ Add BOCA TATON FL 33434 Remove PHILIP VITELLO MGR 3200 AIRPORT WEST DRIVE ☐ Add Remove VERO BEACH, FL 32960 . ☐ Add ☐ Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ROSARIO CONIGLIO IS THE SOLE MEMBER AND SOLE MANAGER OF THE COMPANY. APRIL 30 Dated ___ Signature of a member or authorized representative of a member PHILIP VITELLO, ESQ. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00