

L10000012062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

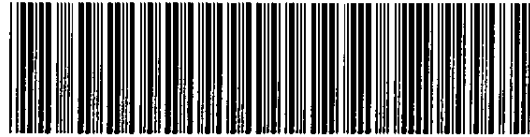
(Business Entity Name)

(Document Number)

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04/26/11--01004--028 \*\*25.00

T. CLINE

APR 27 2011

EXAMINER

2011 APR 26 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RENAISSANCE #504, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**JOHN TODD**

Name of Person

Firm/Company

**3403 Winkler Avenue Extension**

Address

**Fort Myers, FL. 33916**

City/State and Zip Code

**jt@sunsetclubproperties.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JOHN TODD**

Name of Person

at ( **239** )

**362-5020**

Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Enclosed is a check for the 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 Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
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 #504 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 Liability Company were filed on 02/01/2010 and assigned  
Florida document number L10000012062.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**RENAISSANCE #504 LLC.**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

3403 Winkler Avenue Extension

Fort Myers, FL. 33916

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

3403 Winkler Avenue Extension

Fort Myers, FL. 33916

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

JOHN TODD

**New Registered Office Address:**

3401 Winkler Avenue Extension

*Enter Florida street address*

Fort Myers

Florida

33916

*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 Changing Registered Agent, Signature of New Registered Agent

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

| <u>Title</u> | <u>Name</u>          | <u>Address</u>   | <u>Type of Action</u>  |
|--------------|----------------------|--|--|
| MGRM         | Garry Oakes          | 2915 Winkler Avenue, #802<br>Fort Myers, Florida 33916 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Zachary Family Trust | 3775 Wiles Avenue N.W.<br>Mossillon, Ohio 44646        | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                      |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                      |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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|              |                      |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                      |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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 APR 26 2011  
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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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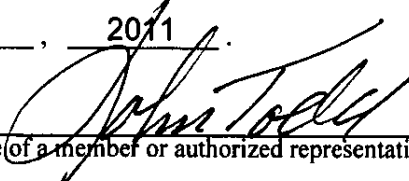


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Dated April 21, 2011

  
 Signature of a member or authorized representative of a member  
 JOHN TODD  
 Typed or printed name of signee