L10000012064

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J. SAULSBERRY EXAMINER

APR 12 2011

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SUBJECT:	RENAISS	ANCE #615, LLC.	
SUBJECT:	· ,	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		JOHN TODD	
		Name of Person	
		Firm/Company	
3403 Winkler Avenue Extension			2011 TAL
		Address	APR CRETA
	Foi	rt Myers, Florida 33916 City/State and Zip Code	SEE P
	jt@s E-mail address: (unsetclubproperties.com to be used for future annual report notificatio	
For further information	concerning this matter, please of		ALE STORY
	John Todd	at (2-5020
Name	of Person	Area Code & Daytime Tele	ephone Number
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		STREET/COURIER A Registration Section Division of Corporation	
P.O. I	Box 6327 lassee, FL 32314	Clifton Building 2661 Executive Center	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		E #615, LL			
(Name of the Limited Li (A F	ability Compar orida Limited L	iy as it now appe iability Company	ars on our records.)		
The Articles of Organization for this Limited Liab	ility Company	were filed on _	February 1, 2010	and ass	signed
Florida document numberL100000120	<u>64</u> .				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	ne limited liabi	ility company h	ere:		
The new name must be distinguishable and end with t "L.L.C."	he words "Limit	ted Liability Com	pany," the designation "	LLC" or the	abbreviation
Enter new principal offices address, if applicab	le:	3403 Winkle	er Avenue Extensit	20II	
(Principal office address MUST BE A STREET.	ADDRESS)	Fort Myers,	Florida 33916	APR RET	1.7
		 -	٠ ٢	<u> </u>	
Enter new mailing address, if applicable:		3403 Winkle	er Avenue Extensi	77.2	
(Mailing address MAY BE A POST OFFICE BOX)		Fort Myers,	Florida 33916	<u>5</u> 5	<u>.</u>
B. If amending the registered agent and/or			our records, enter	the name (of the nev
registered agent and/or the new registered offic	e address nere	2:			
Name of New Registered Agent:	JOHN TODD				
New Registered Office Address:					
	Enter Florida street add				
	F	ort Myers City	, Florida	3391 Zip Code	
New Registered Agent's Signature, if changing Reg	gistered Agent:	~y		Lip Cour	-

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.

ILChanging Registered Agent, Signature of New Registered Agent

Page 1/of 2

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGMR	G ARR M L. Oakes	2915 Winkler Avenue, #□02 Fort Myers, Florida 33916	Add Remove			
<u> </u>			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amend	ling any other information, enter change(s	s) here: (Attach additional sheets, if necessary) AHASSE OF SERVICE ARX				
<u></u>		AI E	- - - - - - - - - - - - - - - - - - -			
Dated	April 6 201	1				
		authorized representative of a member				
	JOHN TODD Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00