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COVER LETTER

TO:	Registration Sect Division of Corpo	cion prations
erm re	CT.	RemuchtLLC
SUBJE	CI:	Name of Limited Liability Company
The end	closed Articles of A	mendment and fee(s) are submitted for filing.
Please i	eturn all correspond	dence concerning this matter to the following:
		Billy Juste
. ,		Remunt LLC Firm/Company
		11940 WE 16th are apt 102
		Miami, Florida 33161
		City/State and Zip Code info Overnon + Com E-mail address: (to be used for future annual report notification)
For furt	her information con	acerning this matter, please call:
	Billy C	DUSTE at 305, 457 7829 Person Area Code & Daytime Telephone Number
_/	d is a check for the	following amount: \$\begin{align*} \$30.00 \text{ Filing Fee & } \$55.00 \text{ Filing Fee & } \$60.00 \text{ Filing Fee,} \$ Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\begin{align*} \$60.00 \text{ Filing Fee,} & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\begin{align*} \$40.00 \text{ Filing Fee,} & Certified Copy (additional copy is enclosed) \$\begin{align*} \$40.00 \text{ Filing Fee,} & Certified Copy (additional copy is enclosed) \$\begin{align*} \$40.00 \text{ Filing Fee,} & Certified Copy (additional copy is enclosed) \$\begin{align*} \$40.00 \text{ Filing Fee,} & Certified Copy (additional copy is enclosed) \$\begin{align*} \$40.00 \text{ Filing Fee,} & Certified Copy (additional copy is enclosed) \$\begin{align*} \$40.00 \text{ Filing Fee,} & Certified Copy (additional copy is enclosed) \$\begin{align*} \$40.00 \text{ Filing Fee,} & Certified Copy (additional copy is enclosed) \$\begin{align*} \$40.00 \text{ Filing Fee,} & Certified Copy (additional copy is enclosed) \$\begin{align*} \$40.00 \text{ Filing Fee,} & Certified Copy (additional copy is enclosed) \$\begin{align*} \$40.00 \text{ Filing Fee,} & Certified Copy (additional copy is enclosed) \$\begin{align*} \$40.00 \text{ Filing Fee,} & Certified Copy (additional copy is enclosed) \$\begin{align*} \$40.00 \text{ Filing Fee,} & Certified Copy (additional copy is enclosed) \$\begin{align*} \$40.00 \text{ Filing Fee,} & Certified Copy (additional copy is enclosed) \$\begin{align*} \$40.00 \text{ Filing Fee,} & Certified Copy (additional copy is enclosed) \$\begin{align*} \$40.00 \text{ Filing Fee,} & Certified Copy (additional copy is enclosed) \$\begin{align*} \$40.00 \text{ Filing Fee,} & Certified Copy (additional copy is enclosed) \$\begin{align*} \$40.00 \text{ Filing Fee,} & Certified Copy (additional copy is enclosed) \$\begin{align*} \$40.00 \text{ Filing Fee,} & Certified Copy (additional copy is enclosed) \$\begin{align*} \$40.00 \text{ Filing Fee,} & Certified Copy (additional cop

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

Remant 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 <u>Jan 28, 2011</u> and assigned Florida document number <u>L11000011710</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviati "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the no registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
City Florida 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 **Type of Action** <u>Name</u> **Address** MGR 11940 NE 16th are 90+102 Remove ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove ∏Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 9/10/2011 Signature of a member or authorized representative of a member Billy Juste
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00