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SECRETARY OF STATE

ATLANASSEE: FLORID.

J. BRYAN

SEP 26 2011

**EXAMINER** 



September 21, 2011

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Rengai, LLC

Dear Sirs:

Enclosed please find a Cover Letter together with Articles of Amendment to Articles of Organization of Rengai LLC for filing with the Secretary of State. Also enclosed please find my check payable to the Florida Department of State in the sum of \$25.00, which represents the filing fee in this matter.

If you have any questions whatsoever please do not hesitate to contact the undersigned.

Very truly yours,

WEITZ & SCHWARTZ, P. A.

Eric R. Schwartz, Esquire

ERS/mk Enclosures

## **COVER LETTER**

TO: Registration S  Division of Co			
SUBJECT:	Re	ngai, LLC	
		ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Eric R. Schwartz		
		Name of Person	題名「
		Rengai, LLC	SEP 23 PM 1:43
		Firm/Company	E. E. E.
	2	2412 Barcelona Drive	
		Address	<u> </u>
	For	t Lauderdale, FL 33301	
<del></del>		City/State and Zip Code	
	F-mail address: (	bmg100@att.net to be used for future annual report notifica	tion)
For further information	concerning this matter, please of		
E	ric Schwartz	ar (	68-0016
Name	of Person	Area Code & Daytime	Celephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS: tration Section	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Rengai, LLC		
(Name of the Limited	Liability Company as it now appear A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on	6/13/11	and assigned
Florida document numberL1100006	9050		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company here	<u>e</u> :	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Compa	ny," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	ET ADDRESS)	•	30 = 1
	<del></del>		
Enter new mailing address, if applicable:			See To
(Mailing address MAY BE A POST OFFICE	BOX)		
			<u> </u>
B. If amending the registered agent and/ registered agent and/or the new registered o		ur records, <u>enter 1</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	900 S.E. 3rd Ave., Ste 204		
	Ent	er Florida street add	iress
	Fort Lauderdale	, Florida	33316
	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

	Managing Member		T
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			□ Domovo
			Add
			Add Remove
			Add
17			Remove
			<del></del>
<del></del>			
		·	Remove
D. If amen	ding any other information, en	ter change(s) here: (Attach additional sheets, ij	(necessary.)
-			en Eg
<del></del>			S S L
_			PAR EP 2
_			ARY OF THE
_			
Dated	September 19	,	PH 1: 43 OF STATE E. FLORIO
			<u> </u>
	Signature o	a member or authorized representative of a member	r
		Eric R. Schwartz	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00