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SECRETARY OF STATE

COVER LETTER

Division of Corp			
SUBJECT: RENG	E ASSOC LLO	<u> </u>	s • •
SOURCE: TYPE	Name of Limit	ed Liability Company	- ' • ' • '
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Yvrose Jean-	Baptiste	
		I Name of Person	
		Firm/Company	
	21.04.04		
	24065R 60	D East #2521 Address	
	Valrico, FL	33595 City/State and Zip Code	
		mail. Com g be used for future annual report notif	
For further information ed	oncerning this matter, please ca	dt:	
Yvrose Jean	-Baptiste	at (941) 909-	4910
Name of	Person (Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

RENGE The Articles of Organization for this Limited Liability Company were filed on March Florida document number <u>L1300004012</u>2 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 contain 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) 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 new registered agent and/or the new registered office address here: Yvrose Jean-Baptiste

5003 Cedar Glenn Ct.

Enter Florida street address

Valrico

City

Florida 33596

Zip Code Name of New Registered Agent: New Registered Office Address:

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Tr
MGR	Yvrose Jean-Baptiste	5003 Cedar Glenn Ct.	Type of Action WAdd
	•	Valrico, FL 33596	□Remove
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AMBR	IVrose Jean-Raptiste	5003 Cedar Glenn Ct. Valrico, FL 33596	ØAdd
		Valrico, FL 33596	□Remove
AMBR	Visit Dil		□Change
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ed April 4th		2022	<u>. </u>			
	Muruse Signature of	eur - S	aptiste orifed representative	or a member	·····	
	Vyca	T	D 1.4			

Filing Fee: \$25.00