

L130000 82090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

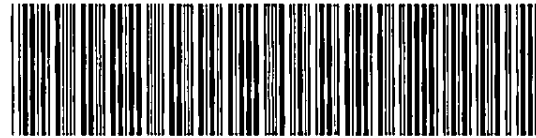
(Business Entity Name)

(Document Number)

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17 OCT 16 AM 7:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Renaissance Youth, 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:

Ryan Murphy

\_\_\_\_\_  
Name of Person

Renaissance Youth, LLC

\_\_\_\_\_  
Firm/Company

3617 Crown Point Ct Suite 8

\_\_\_\_\_  
Address

Jacksonville, FL 32257

\_\_\_\_\_  
City/State and Zip Code

executivedirector@renaissanceryouth.com

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

For further information concerning this matter, please call:

Ryan Murphy

904 707-2121

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone 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  
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 Youth, 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 06/06/2013 and assigned  
Florida document number L13000082090

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:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

17 OCT 16 AM 7:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 Changing Registered Agent, Signature of New Registered Agent

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> | <u>Name</u>    | <u>Address</u>              | <u>Type of Action</u>                   |
|--------------|----------------|-----------------------------|---|
| MGR          | Michael Raynor | 3617 Crown Point Ct Suite 8 | <input checked="" type="checkbox"/> Add |
|              |                | Jacksonville, FL 32257      | <input type="checkbox"/> Remove         |
|              |                |                             | <input type="checkbox"/> Change         |
| MGR          | Raven O'Connor | 3617 Crown Point Ct Suite 8 | <input checked="" type="checkbox"/> Add |
|              |                | Jacksonville, FL 32257      | <input type="checkbox"/> Remove         |
|              |                |                             | <input type="checkbox"/> Change         |
|              |                |                             | <input type="checkbox"/> Add            |
|              |                |                             | <input type="checkbox"/> Remove         |
|              |                |                             | <input type="checkbox"/> Change         |
|              |                |                             | <input type="checkbox"/> Add            |
|              |                |                             | <input type="checkbox"/> Remove         |
|              |                |                             | <input type="checkbox"/> Change         |
|              |                |                             | <input type="checkbox"/> Add            |
|              |                |                             | <input type="checkbox"/> Remove         |
|              |                |                             | <input type="checkbox"/> Change         |
|              |                |                             | <input type="checkbox"/> Add            |
|              |                |                             | <input type="checkbox"/> Remove         |
|              |                |                             | <input type="checkbox"/> Change         |

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

**Tax Matters Member: Ryan Murphy**

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 11 October 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

1700 16 AM 7:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA