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21 JUL 20 PH 12: 08

## **COVER LETTER**

•	ion Section of Corporations		
SUBJECT:	Removi Finton	Orises LCC	
SUBJECT:	Name of Lim	ited Liability Company	
	les of Amendment and fee(s) are sub		
Please return all co	rrespondence concerning this matter	to the following:	
	A	Stin Remey Name of Person	
	Ren	ney Enterprises &	LC
	2800	John Andress	)r
	Orma	not Broth, FC 3217 k City/State and Zip Code	<del>2</del>
	Aveme E-mail address: (	City/State and Zip Code  Y Coutlook.com to be used for future annual report notif	fication)
For further informa	ation concerning this matter, please ca		
Au	Stin Remey	at ( <u>442</u> ) <u>288 -</u> Area Code Daytima	CG 9 9 e Telephone Number
Enclosed is a check	k for the following amount:		
\$25.00 Filing !	Fee S30.00 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 A	Address:	Street Address:	ation

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

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 OF

AND THE RESERVE

21 JUL 20 PH 12: 08 (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 \_\_\_\_\_\_ and assigned Florida document number \_\_\_\_\_\_ 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 2800 John Anderson Dr. Ormand Barch FL 32176 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

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 = M AMBR = A	anager uthorized Member		21 JUL 20 PH 12: 08	
<u>Title</u>	<u>Name</u>	<u>Address</u>	21 JUL 20 FILL	Type of Action
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If amending any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)
	200
	21 JUL 20 PH 12: 08
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Effective date, if other than the date of If an effective date is listed, the date must be spe Note: If the date inserted in this block do document's effective date on the Department.	ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( sees not meet the applicable statutory filing requirements, this date will not be listed as t
e record specifies a delayed effective date, rd is filed.	, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated July 13th	2021 2021
	ture of member or authorized representative of a member
J Signat	time of this man of the contract of the money
Austi	n Kemey
	Typed or printed name of signee