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K. SALY EXAMINER MAR 2 6 2014

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

RENO'S CARIBBEAN WARP, 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:

JOHN HOLDER

Name of Person

EXECUTIVE MGT & CONSULTANTS INT, LLC.

Firm/Company

1779 N CONGRESS AVE

Address

BOYNTON BEACH, FL 33426

City/State and Zip Code

JOHNPHOLDER1@GMAIL.COM

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

For further information concerning this matter, please call:

JOHN HOLDER

_{at} 321

508-4005

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)

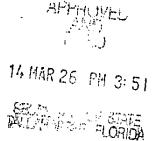
□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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



RENO; S CARIBBEAN WARP, 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 MARCH 11, 2014 and assigned
Florida document number L14000041307	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
RENO'S CARIBBEAN WRAP, LLC.	
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	629 DEHLI STREET
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32808
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
registered agent and/or the new registered office address here	<u>2</u> :
Name of New Registered Agent:	·
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	in some
	and the second second second second
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	
accept the obligations of my position as registered agent as p	

If Changing Registered Agent, Signature of New Registered Agent

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 Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	BOONDAR BOORAM	357 WINFORD CT	□ Add
		WINTER GARDEN, FL 3278	7_■ Remove
CEO	COONDAR BOORAM	357 WINFORD CT	■ Add
		WINTER GARDEN, FL 32787	7 _□ Remove
COO	JUMAN K VEION	4527 CAMBIUM CRT	□ Add
		ORLANDO FL 32835	Remove
<u>COO</u>	JUMAN K. VION	4527 CAMBIUM CT	 _■ Add
		ORLANDO, FL 32835	_□ Remove
			_ _ 🗆 Add
			□ Remove
			_ _□ Add
	•		_□ Remove

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(CORRECTION OF NAMES ON THE ARTICLES
_	
_	
_	
	
_	
(The effective the date	ve date, if other than the date of filing:(optional) ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated	MARCK 13 2014
Daled_	C-2X
	Signature of a mambar are authorized parameterising of a mambar
	Signature of a member or authorized representative of a member SOONDAR BOODRAM, CEO
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00