

L14000041307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

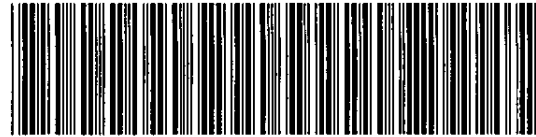
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/27/14--01001--016 **30.00

TO BE SUBMITTED
SUFFICIENT OF FILING

14 MAR 26 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAR 26 PM 3:51

K. SALY
EXAMINER
MAR 26 2014

APPROVED

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

Name of Person

at **321** **508-4005**

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

APPROVED
14 MAR 26 PM 3:51
STATE
FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
<u>CEO</u>	<u>BOONDAR BOORAM</u>	<u>357 WINFORD CT</u>	<input type="checkbox"/> Add
		<u>WINTER GARDEN, FL 32787</u>	<input checked="" type="checkbox"/> Remove
<u>CEO</u>	<u>COONDAR BOORAM</u>	<u>357 WINFORD CT</u>	<input checked="" type="checkbox"/> Add
		<u>WINTER GARDEN, FL 32787</u>	<input type="checkbox"/> Remove
<u>COO</u>	<u>JUMAN K VEION</u>	<u>4527 CAMBIUM CRT</u>	<input type="checkbox"/> Add
		<u>ORLANDO FL 32835</u>	<input checked="" type="checkbox"/> Remove
<u>COO</u>	<u>JUMAN K. VION</u>	<u>4527 CAMBIUM CT</u>	<input checked="" type="checkbox"/> Add
		<u>ORLANDO, FL 32835</u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove

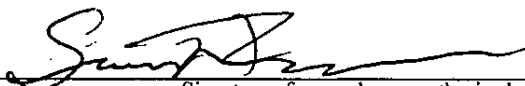
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

CORRECTION OF NAMES ON THE ARTICLES

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCK 13, 2014.



Signature of a member or authorized representative of a member

SOONDAR BOODRAM, CEO

Typed or printed name of signee