

LH000126769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

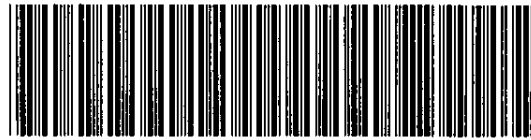
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600266351226

11/13/14--01007--001 **25.00

2014 NOV 13 A 7:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

B. BOSTICK
NOV 20 2014
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RENE INVESTMENTS 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:

ROBERT RENE JR

Name of Person

RENE INVESTMENTS LLC

Firm/Company

PO BOX 2384

Address

WINDERMERE, FL 34786-2384

City/State and Zip Code

RENEINVESTMENTS@GMAIL.COM

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

For further information concerning this matter, please call:

ROBERT RENE JR

Name of Person

at **904 235-5684**

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 NOV 13 A 1:26

FILED

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

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>
MGR	MAGALIE D RENE	7758 DEBEAUBIEN DR	<input type="checkbox"/> Add
		ORLANDO, FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

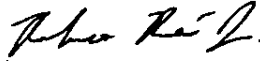
FILED
 2017 NOV 13 A 7:06
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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

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 _____, _____.



Signature of a member or authorized representative of a member

ROBERT RENE JR

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2514 NOV 13 A 7:26

FILED