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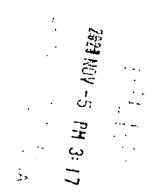
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## **COVER LETTER**

TO:

•	ration Section n of Corporations				
CHRICAT.	Renaissance	Hame Des	6		
SUBJECT.	Nan Nan	ne of Limited Liability Con	ipany		
The enclosed Ar	ticles of Amendment and fee(s	s) are submitted for filing			
Please return all	correspondence concerning th	is matter to the following	•		
		Diane S	S. Horan		
		Name of P	erson		
	Danair	ولمله مرورون	a Desia	n	
	<u> </u>	sance How Firm/Com	pany Design	<u>, (</u>	
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	E-mail	iane. S. hora address: (to be used for futu	ire annual seport noti	fication)	3: 17
For further infor	mation concerning this matter.	please call:		,,,	
T	ran C. Hara		72 4/0	13 2 A 1	
	Piane S. Hoyar Name of Person	at ( / Area (	Code Daytim	-9301 e Telephone Number	_
Enclosed is a che	eck for the following amount:				
₩ \$25.00 Filin	•	ee & □ \$55.00 Fi	ling Fee &	☐ \$60.00 Filing	Fee,
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	g Address: tration Section		Street Address: Registration Sec	ction	
_	on of Corporations		Division of Cor		
	Box 6327		The Centre of T		
Tallah	assee, FL 32314			e Street, Suite 810	
			Tallahassee, FL	, 52303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Renaissance Hor	Me Design, LLC yas it now appears on our records.)
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on and assigned
Florida document number <u>L 1400017867</u> 6	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	
Stage to Sell The new name must be distinguishable and contain the words "Limited Liability	Homes, LLC 3
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	(Same as before)
(Principal office address MUST BE A STREET ADDRESS)	
	(same) = =
Enter new mailing address, if applicable:	(Same)
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a	ldress on our records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	(same as before)
New Registered Office Address:	
Tien heginered Office Hadress.	Enter Florida street address
	Florida
	City Zip Code
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>	Address	Type of Action
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<b>Sective date, if oth</b> n effective date is listed to the insert of the date insert cument's effective d	ted in this block do	es not me	et the applic	cable statuto	2030 ing or more that ry filing requ	(op 190 days al rements, t	tional) ter tiling.) his date	Pursuant to 605 will not be list
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