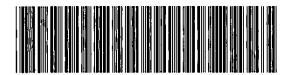
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COVER LETTER

Division of Corporations,
SUBJECT: RENOUAGING, LLC Name of Limited Liability Company
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:
PETRA C. BRITTON Name of Person
RENOVAGNG, LLC Firm/Company
100 S. MILITARY TRAIL, STE, 13, #4952
DEENFIELD BEACH, FL 33442 City/State and Zip Code bocabnittons & Vahoo.com E-mail address: (to be used for future annual report notification)
bocabnittons & Vahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PETRA C. BRITTON at (954) 803-0565 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu

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 ARTICLES OF ORGANIZATION **OF**

RENOUAGING, L. (Name of the Limited Liability C. (A Florida Lin	Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com- Florida document number <u>L\500028246</u> .	npany were filed onO2/O	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
RENOVAGING, LLC The new name must be distinguishable and contain the words "Limited		"II C" de la la circa "II C"
The new name must be distinguishable and contain the words "Limited	1 Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>same</u>	- FE - 11
(Principal office address MUST BE A STREET ADDRES	<u> </u>	A DE OT T
Enter new mailing address, if applicable:	same	SSEE, FLORI
(Mailing address MAY BE A POST OFFICE BOX)		<u>Dri</u>
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		ecords, enter the name of the new
Name of New Registered Agent:	same	
New Registered Office Address:	Enter Florida street	address
		F111
	City [,]	, Florida Zip Code
New Registered Agent's Signature, if changing Registered A	<u>sgent:</u>	

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
			Add
			☐ Remove
			☐ Change
			□ Remove
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	ve date, if other than the date of filing: (optional)	
	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	
	nt's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	er of:
The 9	90th day after the record is filed.	
Dated _	JUNE 9 , 2015. Du 5	
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		Contraction of the last
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	Signature of a member or authorized representative of a member PETRA C BRITTON Typed or printed name of signee	ED

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Filing Fee: \$25.00