Division of Corporations

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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1-639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RENA HOLDINGS LLC (f) റ് Certificate of Status 0 Certified Copy 04 Page Count \$25.00 Estimated Charge

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RENA HOLDINGS LLC		
(Name of the Limit	ed Liability Company as it now appea (A Florida Limited Liability Company)	nts on our records.)
		1111/2016
The Articles of Organization for this Limited Li	iability Company were filed on $\frac{0}{2}$	1/11/2016 and assigned
Florida document number L16000005034	·	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company i	tere:
The new name must be distinguishable and contain the w	words "Limited Liability Company," the	designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
	<del></del>	
B. If amending the registered agent and	Vor registered office address	on our records, gnter the name of the new
registered agent and/or the new registered o	the address here.	
Name of New Registered Agent	Travis Kimmey	
New Registered Office Address:	9700 Griffin Road	
TON AUGUST OF THE PARTY OF THE	Enter F	lorida street address
	Cooper City	, Florida 33332
	City	Zip Code
New Repistered Agent's Signature, if changing		
<del></del>		
<del></del>	ed agent and agree to act in thi per and complete performance ristered agent as provided for he registered office address, I hel s change.  Carlos M A	reby confirm that the limited liability  Ivarez, Attorney-in-Fact
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as region filed to merely reflect a change in the	ed agent and agree to act in thi per and complete performance ristered agent as provided for he registered office address, I hel s change.  Carlos M A	of my duties, and I am familiar with and a Chapter 605, F.S. Or, if this document is reby confirm that the limited liability

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>	Name	Address	Type of Action
MGR	Worldwide Management LLC	11380 Prosperity Farms Road	
		Suite 221E	Remove
		Palm Beach Gardens, FL 33410	□ Change
MGR	XINEF	16192 COASTAL HWY	Add
		LEWES, DE 19958	■ Remove
		3	□ Change
			□ Remove
			Change
			Add
			Remove
			□ Change
			□ Remove
			Change
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on effective date is littled, the taste must be specific and cannot obe: If the date inserted in this block does not meet the ocument's effective date on the Department of State's	ie applicable statutory in	ing requirements, th	is date will not be its	icu (
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e record specifies a delayed effective date, The 90th day after the record is filed.	but not an effective		, a,m, on the can	7C1 '
December 22nd O 201	17			
Pated Determine 22 nd	·			
a July				
Semature of a membe	er or authorized representat	ive of a member		
Carlos M Alvarez, Attorney in Fact			7 7	
•	d or printed name of signee	<u> </u>	8	-;
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