

460001/5581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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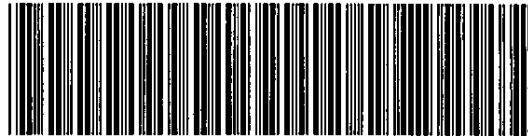
(Business Entity Name)

(Document Number)

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09/27/16--01009--006 **25.00

SEP 27 2016

S. YOUNG

FILED
2016 SEP 26 AM 11:01
TALLAHASSEE, FLORIDA

FILED
2016 SEP 26 PM 5:15
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RENDILCO, 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:

ANTONIO GONZALEZ
Name of Person
GONZALEZ & ASSOCIATES III PA
Firm/Company
8436 W OAKLAND PARK BLVD
Address
SUNRISE, FL 33351
City/State and Zip Code
AGONZALEZ@AMEFINANCIALGROUP.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA
16 SEP 26 PM 5:15

For further information concerning this matter, please call:

ANTONIO GONZALEZ 954 773-7286
Name of Person at () 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RENDILCO, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/03/2016 and assigned
Florida document number L16000145581.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ANTONIO GONZALEZ	8436 W OAKLAND PARK BLVD	☐ Add
		SUNRISE, FL 33351	☒ Remove
			☐ Change
AMBR	FRANCISCO RENDILES	8436 W OAKLAND PARK BLVD	☒ Add
		SUNRISE, FL 33351	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SEP 26 11 45 AM '06

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

N/A

16 SEP 26 PM 5:16

E. Effective date, if other than the date of filing: 09/25/2016 (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated SEPTEMBER 22

2016

Signature of a member or authorized representative of a member

YASMIN HUNG

Typed or printed name of signee