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FILED 2020 OCT 26 PM 3: 47

12/3/20

COVER LETTER

Registration Section

TQ:

Divisi	ion of Corp	orations		
SUBJECT:	RENOWN A	UTOMOTIVE LLC		•
	•	Name of Limi	ited Liability Company	
The enclosed A	Articles of A	amendment and fee(s) are sub-	mitted for filing.	
		dence concerning this matter		
			-	
		TARA STEELE		
			Name of Person	
		RENOWN AUTOMOTIO	VE LLC	
			Firm/Company	
		3150 GANDY BLVD		
			Address	
		ST PETERSBURG, FL 331	702	
			City/State and Zip Code	
		RENOWNAUTOMOTIVE(
			o be used for future annual report not	ification)
For further info	ormation co	ncerning this matter, please ca	II:	
TARA STEEL	Э.		727 831-7620 at ()	
	Name of	Person		ne Telephone Number
Enclosed is a c	heck for the	: following amount:		
□ \$25.00 Fili	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address: stration Se		Street Address:	
		rporations	Registration So Division of Co	rnorations
P.O.	Box 6327		The Centre of	
Talla	hassee, Fl	L 32314		oe Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RENOWN AUTOMOTIVE LLC	
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{03/24/2}{\text{Elorida document number}}$	017 and assigned
This amendment is submitted to amend the following:	2020
A. If amending name, enter the new name of the limited liability company here:	F1L1 2020 OCT 26
The new name must be distinguishable and contain the words "Limited Liability Company," the design	ation "LLC" or the abbreviation."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our recoragent and/or the new registered office address here:	ds, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida st	reet address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

It 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
MGR	WILLIAM BRUNES	1844 FLORA LANE	
		CLEARWATER, FL 33755	■Remove
			□Change
			1010 Add CT 2 GRembve
			□ Rembve
			. ئے . ———— DAdd
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If an eff Note:	ive date, if other that fective date is listed, the da If the date inserted in the nent's effective date on	te must be spec his block doe:	ific and cannot be not meet the a	inniicable stati	filing or more tha atory filing requ	(option n 90 days after fi irements, this o	11) D
e recor rd is fil	rd specifies a delayed ef led.	fective date, b	ut not an effec	tive time, at 12	2:01 a.m. on the	earlier of: (b)	The 90th day after the
Dated	OCTOBER 21		2020	·			
	\mathcal{A}_{n}	(7-A	_			
					resentative of a m		

Filing Fee: \$25.00