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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: Renovation	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Joseph E. Seagle		
		Name of Person	<u> </u>
	Joseph E. Seagle, P.A.		
		Firm/Company	
	924 W Colomal Dr		
		Address	
	Orlando, FL 32804		
		City/State and Zip Code	·
	gregbond7@me.com		
	E-mail address: (to be used for future annual report not	ilication)
For further information c	oncerning this matter, please c	all:	
Joseph E Seagle		407 373-7451	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address:	ootion
Registration S Division of C		Registration Se Division of Co	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Renovation 320, LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed o	October 27, 2017 and assigned
Florida document number 1.17000222842	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
Fasy Sell FL, LLC	
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:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered office address on o	our records, enter the name of the new register
agent and/or the new registered office address here:	
	:
Name of New Registered Agent:	. :
New Registered Office Address:	C
Fine	er Florida street address
City	, rioriua ZipCòde

New Registered Agent's Signature, if changing Registered Agent:

. 220 110

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 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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		 	□Remove
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an effective date is listed lote: If the date inser	I, the date must be specific ted in this block does r	e and cannot be prior to not meet the applicab	date of filing or more that le statutory filing requ	n 90 days after filing.) Pursu irements, this date will n	ant to 605,0207 (of be listed as f
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record specifies a del d is filed.	ayed effective date, but	not an effective time	e, at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
March 3 Dated	17	2021			
	A)	
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Typed or printed name of signee