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## **COVER LETTER**

TO: Registration Se Division of Cor			
REENSA E	NDUSTRIAL AUTOMATION	, LLC	
<u></u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	LUIS M BLANDON		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	REENSA INDUSTRIALA	AUTOMATION, LLC	
		Firm/Company	
	9551 SW 4TH, STREET		
		Address	
	MIAMI, FLORIDA 33174		
	eudesanchez@hotmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report non	lication)
For further information c	oncerning this matter, please ex	all:	
LUIS M BLANDON		at ( <u>305</u> ) <u>494-8141</u>	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

REENSA INDUSTRIAL AUTOMATION, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited )	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company  L170002400138  Interpretation of the Liability Company	were filed on November 21, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the a	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)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	office address on our records, <u>ente</u>	r the name of the n
Name of New Registered Agent:	•	17 DE
New Registered Office Address:	Enter Florida street address	1555.15 0 6
	Florida	CZip Cod
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	86 80
I hereby accept the appointment as registered agent and ag- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, and I an	ı familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ective date, if other than the date of effective date is listed, the date must be specified. If the date inserted in this block document's effective date on the Department.	ific and cannot be p s not meet the ap	plicable statutor	ng or more than 90 d	_ ( <b>optional)</b> ays after filing.) Pursua nts. this date will no	nt to 602 t be list
record specifies a delayed effec The 90th day after the record is	tive date, but filed.	not an effec	tive time, at 1	2:01 a.m. on the	e earli
November 27 ted			/ Lilly		
			entative of a member	100	

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Filing Fee: \$25.00