118000030451

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ess)	
(City/S	tate/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Name)
(Docui	ment Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fili	ng Officer:	
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Office Use Only



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COVER LETTER

TO: ↓ Regismation S Division of Co			
O1114 1127 200	the LLC name	•	. *
SUBJECT:	Name of Lin	nited Liability Company	
	(Amendment and fee(s) are sub	·	
riease return an corresp	ondence concerning this matter	to Inc following:	
	Manny Rendon		
		Name of Person	
	Manni Rendon LLC		
		Fam Company	
	1406 E Washington St.		
		Address	
	Orlando, FL, 32801		
		City/State and Zip Code	
	mannyorendon@gmail.com E-mail.aadress (to be used for fature annual report in	otification)
For further information of	concerning this matter, please c		
Manny Rendon		321 888-0022	
Name c	of Person	at () Area Code Davi	ime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	Ti \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[7] \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Address		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maani Rendon 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 <u>02/02/2018</u>	and assigned
forida document number L18000030451	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
fanny Rendon LLC	
he new name most be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of the a	abbreviation "L.L.C."
inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	·
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address on our records, <u>enter the nar</u>	ne of the new regist
ent and/or the new registered office address here:	
Name of New Registered Agent:	155
New Registered Office Address: Fatter Florida street address	F112:
	(1)
Ca	Zg: 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. Thereby confirm that the limited liability company has been notified in writing of this change.

II 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

Title	<u>Name</u>	Address	Type of Action
		,	□Remove
]Change
		□Remove	
		□Remove	
			DAdd
		□Remove	
		□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	
		□Remove	
		□C hange	
		EiRemove	
			□Change

	ling any other information, enter change(s) here: vAttach additional sheets, if necessary,
•	
	
	
Effective	date, if other than the date of filing: (optional)
lf an eifecti <u>Note:</u> (f)	date, if other than the date of filing:
record sp d is tiled.	pecifies a delayed effective date, but not an effective time, at 12:01 a m, on the earlier of: (b) The 90th day after the
Dated	3/17/2021
	Signature of a member or authorized representative of a member
	Manny Rendon
	Typed or printed name of signee

Filing Fee: \$25.00