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(December 1)
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COVER LETTER

TO: Registration S Division of Co			
RenMar, I	LLC		
obsect.	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
lease return all corresp	oondence concerning this matter	to the following:	
	Renata DiPaola		
		Name of Person	
	RenMar, LLC		
		Firm/Company	
	16104 Stags Leap Dr		
		Address	
	Lutz, FL 33559		
		City/State and Zip Code	
	renmarllctampa@gmail.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Renata DiPaola		813 422-9395	
Name	of Person	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

RenMar, LLC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company	p <u>ears on our records.</u>) ny)
The Articles of Organization for this Limited Liability Company were filed on	04/23/2018 and assigned
lorida document number L18000101008	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y here:
he new name must be distinguishable and contain the words "Limited Liability Company."	the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ಹ ½%
Principal office address MUST BE A STREET ADDRESS)	O O O O O O O O O O O O O O O O O O O
a discontinuita	7
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here: Name of New Registered Agent:	on our records, enter the name of the
New Registered Office Address: 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>	Address	Type of Action
MGR	Marc A. DiPaola	16104 Stags Leap Dr.	
		Lutz, FL 33559	■ Remove
			☐ Change
			□ Remove
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Filing Fee: \$25.00