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| PICK-UP WAIT MAIL                       |
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| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO:                               | Registration Se<br>Division of Co | rporations                        |   |  |  |  |  |
|-----------------------------------|-----------------------------------|-----------------------------------|---|--|--|--|--|
| SUBJI                             | ECT:                              | RENOM F.                          | WANCIAL GROUP   | 44C  |  |  |  |
| Name of Limited Liability Company |                                   |                                   |   |  |  |  |  |
|                                   |                                   | •                                 |   |  |  |  |  |
| The en                            | closed Articles of                | Amendment and fee(s) are sub      | mitted for filing.  |  |  |  |  |
| Please                            | return all correspo               | ondence concerning this matter    | to the following:   |  |  |  |  |
|                                   |                                   | A <sub>1</sub>                    | Name of Person  |  |  |  |  |
|                                   |                                   |                                   | Name of Person  |  |  |  |  |
|                                   |                                   | REN                               | OM FINANCIAL Firm/Company                                   | GROUP. LLC   |  |  |  |
|                                   |                                   |                                   | Firm/Company  | - •  |  |  |  |
|                                   |                                   | 1718 W                            | LAS OLAS BLV Address  | · <b>D</b>   |  |  |  |
|                                   |                                   |                                   | Address   |  |  |  |  |
|                                   |                                   | FORT LAU                          | ODERDALE 333  | 312  |  |  |  |
|                                   |                                   |                                   | City/State and Zip Code                                     |  |  |  |  |
|                                   |                                   | atilio                            | Orenom Financial to be used for future annual report notion | .com   |  |  |  |
|                                   |                                   |                                   | ·   | lication)  |  |  |  |
| For fur                           | ther information of               | concerning this matter, please co | all:  |  |  |  |  |
|                                   | Atilio 1                          | RENOM                             | at ( <u>954)</u> <u>849</u><br>Area Code Daytim             | -0239  |  |  |  |
|                                   | Name o                            | f Person                          | Area Code Daytim  | e Telephone Number   |  |  |  |
| Enclose                           | ed is a check for the             | he following amount:              |   |  |  |  |  |
| <b>₩</b> \$2.                     | 5.00 Filing Fee                   | □ \$30.00 Filing Fee &            | ☐ \$55.00 Filing Fee &                                      | ☐ \$60.00 Filing Fee,  |  |  |  |
|                                   |                                   | Certificate of Status             | Certified Copy (additional copy is enclosed)                | Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |  |
|                                   | Mailing Addres                    | ss:                               | Street Address:   |  |  |  |  |
|                                   | Registration :                    |                                   | Registration Se   | ction  |  |  |  |
|                                   | Division of C                     | Corporations                      | Division of Cor   | porations  |  |  |  |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RENOM FINANCIAL GROUP LLC

| ( <u>Name of the Limited L</u><br>(A F   | iability Compa<br>lorida Limited L | ny as it now appears on our<br>lability Company) | records.)      |                         |             |
|--|------------------------------------|--|----------------|-------------------------|-------------|
| The Articles of Organization for this Limited Liabil Florida document number <u>£18000</u> 26570   |                                    | were filed on HOZIGA                             | DEP of St      | ATE and assi            | gned        |
| This amendment is submitted to amend the following   | ng:                                |  |                |                         |             |
| A. If amending name, enter the new name of the   | limited liabi                      | ility company here:                              |                |                         |             |
| The new name must be distinguishable and contain the words   | "Limited Liabil                    |  |                | <b>-</b> .              | C."         |
| Enter new principal offices address, if applicable   | : <b>:</b>                         |  | Olas (         |                         |             |
| (Principal office address MUST BE A STREET A   | DDRESS)                            | Fort Lauder                                      | dale,          | 33312                   | <u>. }L</u> |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX               | Ω                                  | 17:8 W Las<br>Fort Lauderd                       | Olas<br>ale, 3 | Blud<br>3312 F          | <u>L</u>    |
| B. If amending the registered agent and/or registagent and/or the new registered office address he |                                    | ddress on our records,                           | enter the na   | -5<br>XAX<br>XAX<br>XAX | registered  |
| Name of New Registered Agent:  |                                    | <u> </u> .                                       |                | SO A                    |             |
| New Registered Office Address:   | 1718                               | W Las Olas<br>Enter Florida street               |                | TATE<br>FL              |             |
| -  | Fort i                             | auderdale City                                   | , Florida _    | 3331<br>Zip Code        | 2_          |
| Nam Danistand Assatt Ct. 4 16 L. 1. D. 1.  |                                    |  |                |                         |             |

## 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 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          | Atilio RENOn | 1718 W LAS OLAS Blud.  |  |
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| ective date, if other than   | the date of filing:        | <b>8 </b> 3         | CCI'                 | (optiona       | l)                 |              | 06.000             |
| effective date is listed, the date<br>e: If the date inserted in the | iis block does not meet t  | he applicable sta   |                      |                |                    |              |                    |
| ument's effective date on the  | ne Department of State :   | s records.          |                      |                |                    |              |                    |
| cord specifies a delayed eff   | ective date, but not an el | ffective time, at   | 2:01 a.m. on the e   | arlier of: (b) | The 90th           | day af       | ter the            |
| s filed.   |                            |                     |                      |                |                    |              |                    |
| ed <u>Sep. 28.21</u>   | <b></b> クス <i>し</i>        |                     |                      |                |                    |              |                    |
|  | O ius                      |                     |                      |                |                    |              |                    |
|  | (-)                        | (MG)                |                      |                |                    |              |                    |
| -  | Signature of a memb        | er or authorized re | precentative of a me | wher           |                    | <del></del>  |                    |

Filing Fee: \$25.00