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| (R | equestor's Name) | _ |
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| (A | ddress) | |
| (A | address) | |
| (C | City/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (B | Business Entity Name) | |
| (C | Ocument Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | o Filing Officer: | |
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COVER LETTER

| Division of Corpor | ations | | |
|--------------------------------|--------------------------------|---|---|
| SUBJECT: | Name of Limit | ed Liability Company | <u></u> |
| The enclosed Articles of Am | , | J | |
| Please return all corresponde | nce concerning this matter to | the following: | |
| | Edvano | Name of Person | |
| | | Name of Person | |
| | RENAZER | LLC | |
| | | Firm/Company | |
| | 3580 W | · Promontony Da | L. |
| | | Address | |
| | BEVERLY H. | City/State and Zip Code | |
| - | REBONNAUTO C | ENTER Q YAHOO be used for future annual report notificat | COM |
| For further information conc | erning this matter, please cal | 1: | |
| | | at (<u>786</u>) <u>299-09</u> Area Code Daytime Tel | 936 Icphone Number |
| Enclosed is a check for the fo | ollowing amount: | | |
| \$25.00 Filing Fee | - | ☐ \$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:

TO:

Registration Section

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**

| LE LODZEZ | |
|--|---|
| (Name of the Limited Liability Comp. (A Florida Limited | nany as it now appears on our records.) 1 Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L</u> 1900011985 | y were filed on Ollow 2019 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | bility company here: |
| The new name must be distinguishable and contain the words "Limited Liab | oility 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) | FM |
| Enter new mailing address, if applicable: | PM 6: 22 |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her | office address on our records, enter the name of the new |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | |
| - | , Florida |
| New Registered Agent's Signature, if changing Registered Agent: | <u>t:</u> |

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> | Name | Address | Type of Action |
|--------------|--------------------------|---|-----------------|
| VMB5 | Cyrothia Maria Maria Mac | 80 3580W PDOLOTOR 902 | . □ Add |
| | | 80 3580W PROLOTORANO BOURDY HILLS FT. 344165 | Remove |
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| an effective date is | other than the date of fillisted, the date must be specific | and cannot be prior to | date of filing or more th | (optional) an 90 days after filing. |) Pursuant to 605.02 |
| ote: If the date is | nserted in this block does no ve date on the Department o | ot meet the applicab | ole statutory filing requ | irements, this date | will not be listed |
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| ated <u>5</u> /- | | | | | |
| ated <u> </u> | Jan Strand | | | _ | |
| Dated <u> </u> | Signature | a member or authori | zed representative of a r | nember | ····· |

Page 3 of 3

Filing Fee: \$25.00