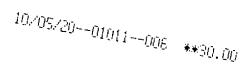
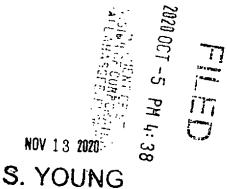


(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		

Office Use Only







COVER LETTER

, TO:

FO:	Registration Sec Division of Corp			
	7.4.31 8 3	STILO GE	ROUP LLC	
SUBJE	.C1:	Name of Limi	ted Liability Company	
The en	closed Articles of a	Amendment and fee(s) are subt	nitted for tiling.	
Please	return all correspon	ndence concerning this matter t	to the following:	
		CE	SAR JARAMILLO	
			Name of Person	
		_		
			Firm/Company	
		12	10 NE 156TH ST	
			Address	***
		NORTH MIAM	MI BEACH, FLORIDA 33162	
			City/State and Zip Code	
			AMILLOTH@GMIL.COM to be used for future annual report no	dilications
For fui	rther information c	oncerning this matter, please or		
	CESAR JA	RAMILLO	305 2169592	
	Name o	f Person		me Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ sa	25.00 Filing Fee	€ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed:	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration 5		<u>Street Address:</u> Registration S	Section
	Division of C		Division of Co	
	P.O. Box 632	27	The Centre of	Tallahassee
	Tallahassee,	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STILO GROUI	P LLC		EE, I	1
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears	on our records.)	ال ميون	111
(A Houda Limited L	ability Company)		200	أحمدن
The Articles of Organization for this Limited Liability Company	were filed on	FLORIDA	and assigned	مين ا
Florida document number 1.19000224951			38	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company her	<u>e:</u>		
RENNESS US I	l.l.C			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the des	signation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			-	
Trincipal office dauress in OST DE 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 office a	address on our re	cords, enter the n	ame of the new reg	istered
agent and/or the new registered office address here:				
Name of New Registered Agent:				
rune of new registered rigen.				
New Registered Office Address:				
	Enter Flora	la street address		
		, Florida	Zip Code	
	Cay	· · · · · · · · · · · · · · · · · · ·	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr	ee to act in this co	apacity. I further	agree to comply wi	ith the

company has been notified in writing of this change.

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

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	MARIO MATUTE	1210 NE 156TH ST	
		NORTH MIAMI BEACH ,FL,33162	
			□Change
MGR	JUAN PABLO JARAMILLO	1210 NE 156TH ST	≣ Add
		NORTH MIAMI BEACH .FL.33162	□Remove
			□Change
			□Add
			Remove
			□ Change
			🗀 Add
			□Remove
			□Change
			□Add
•			□Remove
			Change
			□Remove
			□Change

ffective date, if other than the date of filing: 09/05/2019 (optional)		
Flective date, if other than the date of filing: O9405/2019		
ffective date, if other than the date of filing: 109/05/2019 (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 free of the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. Trecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the first filed. Signature of a member of authorized representative of a member		
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Filing Fee: \$25.00