L200000 45601

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TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
CUDICT	RENOHON			
SUBJECT:			ited Liability Company	
The enclosed	1 Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		CHRISTOPHER D ANDR	RADE	
			Name of Person	
		RENOHOME LLC		
			Firm/Company	
		1963 THE OAKS BOULE	VARD	
			Address	
		KISSIMMEE, FL 34746		
			City/State and Zip Code	
		RENOHOMELLC@OUTL		
		E-mail address: (to be used for future annual re	eport notification)
For further in	nformation c	oncerning this matter, please co	all:	
CHRISTOP	HER D AND	DRADE	407 790- at ()	-5390
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclo	Certificate of Status &
Re	iling Addres gistration S	Section	_	tion Section
	vision of C D. Box 632	orporations 7		of Corporations tre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

nd assigned RENOHOME 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 02/07/2020 Florida document number __L20000045601 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

__, Florida __

. 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
AMBR	CHRISTOPHER D ANDRADE-	1963 THE OAKS BOULEVARD	
		KISSIMMEE, FL 34746	Remove
			□Change
AMBR	DIANA FLAKER-ANDRADE	1963 THE OAKS BOULEVARD	≣Add
		KISSIMMEE, FL 34746	□ Remove
			Change
			□Add
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			□Change
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			□Change

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Note: If the date inserted in this blo	date of filing:
document 5 creenve date on the De	
	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
e record specifies a delayed effective	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
e record specifies a delayed effective rd is filed. Dated MARCH 12	2020
e record specifies a delayed effective rd is filed. Dated MARCH 12	