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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	Idress)	··
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nar	me)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Name Change

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COVER LETTER

TO:	Registration Sect Division of Corpo						
SUBJEC	RLN PREMI	UM AUTOS, LLC	•	•			
		Name of Lim	ited Liability Company				
		mendment and fee(s) are sub	-				
		DAVID S CRAMMER					
			Name of Person				
		SAJO FINANCIAL CORI	•				
			Firm/Company				
		3801 NORTH UNIVERSI	TY DRIVE, SUITE 318				
			Address				
		SUNRISE, FL 33351					
			City/State and Zip Code	;			
		SAJOFINANCIAL@BELL				.>	$\leq_{\mathcal{Q}}$
		E-mail address: (to be used for future annua	I report notification)		20 OCT	
For furth	er information cor	ncerning this matter, please of	all:			55	극장
DAVID	S CRAMMER		954 74 at ()	42-8700		5 774	CO 25
	Name of I	Person	Area Code	Daytime Teleph	ione Number	H 3: L5	STATE
Enclosed	l is a check for the	following amount:					T.
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is ea		S60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is end	us &	
	Mailing Address:		Street A	Address:			

Registration Section
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

RLN PREMIUM AUTOS, 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 10/12/202		and assigned ப்
Florida document number L20000321138			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability of	company here:		
RNL PREMIUM AUTOS, LLC		<u>.</u>	
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designati	on "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
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 addragent and/or the new registered office address here:			
agent and/or the new registered office address here:	ess on our records	s, <u>enter the name</u>	
<u>Name of New Registered Agent:</u>	ess on our records Enter Florida stre	et address	of the new registered
Name of New Registered Agent: New Registered Office Address:	ess on our records Enter Florida stre	et address	of the new registered
Name of New Registered Agent: New Registered Office Address:	ess on our records Enter Florida stre	et address	
Name of New Registered Agent: New Registered Office Address:	Enter Florida stre	et address	of the new registered

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
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ective date, if other than the d	ıte of filing:		(optional)	
n effective date is listed, the date must be tel: If the date inserted in this block cument's effective date on the Department.	k does not meet the applicab	date of filing or more than the statutory filing require	00 days after filing.) Pursuant to ements, this date will not be	605.0207 listed as
ecord specifies a delayed effective of stiled.	late, but not an effective tim	e, at 12:01 a.m. on the ea	arlier of: (b) The 90th day a	after the
OCTOBER 22	2020			
i A	·	-		
		zed representative of a mer		_

Typed or printed name of signee