## L210000 79666

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## **COVER LETTER**

	Registration Sec Division of Corp				
011 <b>0</b> 100	Rendicion I.	.LC			
SUBJEC	JT:	Name of Lim	ited Liability Company		
The encle	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Natalie Ferrini			
			Name of Person		
		Readicion	- LLC Firm/Company		
		2S051 Sheffield RD	FirmCompany		
			Address		1
		Glen Ellyn IL 60137		:	-
			City/State and Zip Code		
		natalie.ferrini@gmail.com	to be used for future annual report notific	edican)	
For furth	ner information co	oncerning this matter, please ca			(; 10
Natalie I			773 744-3995 at ()	,	
	Name o	Person	Area Code Daytime	Telephone Number	
Enclosed	l is a check for th	e following amount:			
<b>≡</b> \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	f Status & - py

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rendicion LLC		
( <u>Name of the Limited Liability</u> ) (A Florida Li	Company as it now appears on our remited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on 2/16/2021	and assigned
Florida document number L21000079666		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Natalie Brooke LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
-		_3
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		y
		- (1
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddrass
	ismer i tortati sirvet a	teur Coo
		_, Florida
	City	Zip Code

## 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	Allen Ferrini (Rernova Lu	c)	□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
·		<del>, </del>	
		· · · · · · · · · · · · · · · · · · ·	⊟Remove
		·	Change
			C : 
			□ Remove
			□Change
•			□Add
			□Remove
			□Change
	·		□Add
			□Remove
			Псь

s no longer a manager of this LLC so please remove him as well. N	Satalie Ferrini will remain the sole Manager
noving forward. The address etc remains the same as it was under I	Rendicion LLC.
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	<u> </u>
	<u> </u>
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date, if other than the date of filing:  the date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable statutes effective date on the Department of State's records.	
d specifies a delayed effective date, but not an effective time, at 12: ed.	01 a.m. on the earlier of: (b) The 90th day af
8/2/2024	