

L2100035276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

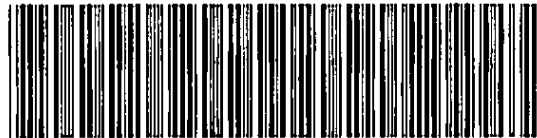
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/18/21--01030--007 **25.00

21 OCT 19 PM 12:25

T. MATTHEWS

OCT 28 2021

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Renowned Maintenance Solutions LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Henao
Name of Person

Renowned Maintenance Solutions LLC
Firm/Company

462 13th St SW
Address

Ruskin, FL 33570
City/State and Zip Code

Dhenao2017@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arianna Alvarez at (813) 863-2898
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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**

Renowned Maintenance Solutions LLC ^{OCT 12 PM 12:25}
(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 08/05/2021 and assigned Florida document number 221000352776.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A (staying same)
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

N/A
(staying same)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A
(staying same)

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:

Daniel Henao

New Registered Office Address:

402 13th St SW


Enter Florida street address

(eliminate HOME from the address on line.)

Ruskin, Florida 33570
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.

 (Daniel Henao)
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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| | | | <input type="checkbox"/> Add |
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21 OCT 13 PM 12:25

N/A
(staying the same)

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Everything is correct. Only thing that needs
to be changed is in the Registered Agent
information. The computer auto filled in
address and added "Home" to it. Please
remove "Home" from the registered agent's
address portion. If you have any questions
please feel free to call the authorized
person on 813-863-2898. Thank you.

21 OCT 18 PM 12:25

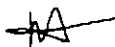
E. Effective date, if other than the date of filing: 08/05/2021 (optional)

(If 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated _____



Signature of a member or authorized representative of a member

Arianna J. Alvarez

Typed or printed name of signee