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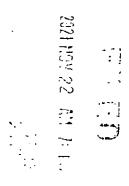
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

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A. BUTLER
DEC - 9 2021

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
Rene Cuish	ne LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Yamilee Sanchez		
		Name of Person	 _
		Firm/Company	
	1961 SW 155 Avenue		
	-	Address	
	Miami, FL 33185		
		City/State and Zip Code	
	yamileesanchez@aol.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Rene F. Gonzalez		786 643-4711	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	_		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION TO OF

2021 NOV 22 AM 7: 10

Rene Cuisine LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A rioi	nda Limited Liabinty Company)	to see a second
The Articles of Organization for this Limited Liability Florida document number L21000436362		021 and assigned
Florida document number 221000 10002	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET AD)	DRESS)	
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or registe	red office address on our recor	ds, enter the name of the new regis
agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		, 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

Title	<u>Name</u>	Address	Type of Action
MGR	Yamilee Sanchez	1961 SW 155 Avenue	🖬 Add
		Miami, FL 33185	
			□ Remove
		 	
		····	□Add
			□Remove
			Change
			
			□Remove
			□Change
			□ Add
			□Remove
			Change
			
			□Remove
			□ Change

fective date, if other than the date of filing: 10/03/2021 (optional) (opti	_	
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Signature of a member or authorized representative of a member		
	ited .	November 18, 2021
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00