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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

Division of Car	porations				
SUBJECT: RENEE GO	MEZ LLC.				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	RENEE GOMEZ				
		Name of Person			
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		Firm/Company		2022 AUG SECRETA TALLAHA	-;·;
				AUG -	•
	1471 PINE ST.	Address		왕 5	m
				PHI OF S	TI:
	CLEARWATER, FL 3375			PH 12: 18 of STATE E.FLORID	V., P
		City/State and Zip Code		bu &	
	DRAGONSRG1@YAHOC E-mail address: (O.COM to be used for future annual report notifi	ication)		
For further information co	oncerning this matter, please co				
RENEE GOMEZ		at (813) 482-4845			
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional copy	f Status & py	
Mailing Addres Registration S		Street Address: Registration Sec	etion		
Division of C		Division of Cor			

P.O. Box 6327

Tallahassee, FL 32314

Registration Section

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RENEE GOMEZ LLC		
(Name of the Limited Liab (A Flor	ility Company as it now appears on our re ida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on MARCH 24,	2022 and assigned
Florida document number L22000144738	<u></u> •	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
N/A		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	20 22 TAE
(Principal office address MUST BE A STREET AD	DRESS)	52 A
Enter new mailing address, if applicable:	N/A	UG -5 PH IZ
(Mailing address MAY BE A POST OFFICE BOX)		DRID/
B. If amending the registered agent and/or registe agent and/or the new registered office address here		nter the name of the new registere
Name of New Registered Agent: N/A	1	
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	Cĩợ	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 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>	Name	Address	Type of Action
AMBR	ABRAHAM GOMEZ	1409 DRUID RD E	
		CLEARWATER, FL 33756	□ Remove
			Change
			□Add
			Remove SECALTARY DE TALLAHASSEE.
			3-5ADM 12Remove ASSEE, FLORID
			□Change
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ffective date, if other than the date of filing:	1 6 CU		(options	l)	w to 605	n207
an effective date is listed, the date must be specific and cannot be priote: If the date inserted in this block does not meet the appl	for to date of film; licable statutory	g or more man 90 / filing requiren	ents, this da	te will not	be liste	ed as
ocument's effective date on the Department of State's record	ds.					
record specifies a delayed effective date, but not an effective	time, at 12:01	a.m. on the ear	ier of: (b)	The 90th d	lay after	r the
is filed.						
ated JULY 27 - /, 2022						
ated 332.2.	_					
استنسب	. /					
Signature of a member or aur						

THE U. - 635 00

Typed or printed name of signee