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2/3/23



November 14th, 2022

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

To Whom It May Concern:

Please see enclosed for:

 Check # 5894 for \$25.00 for Articles of Amendment to Articles of Organization of Renik LLC.

Please contact our office if you have any questions. Thank you.

Sincerely,

Campbell Cona

Campbell Con

Administrative Assistant to Christopher Cona, Equire.

**Enclosures** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations	<i>:</i>
SUBJE	ECT: Lenik WC	ν,
	Name of Limited Liability Company	
The en	aclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Chris Con A	
	CONA LAW PLLL Firm/Company	
	3765 Ailprit Mad, #701	
	NAME, PLA 34105 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fur	rther information concerning this matter, please call:	
	Name of Person at (U9) 274-681 L Area Code Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
) 5/52 	(additional copy is enclosed) Certified	e of Status &
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314  Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, F1, 32303	10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Renik L	L L	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited		
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000/52/6/7</u> .	were filed on 3/19/12	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	SIEGRATION 8 AND: I TO SIEGRATION REPORT STATEMENT OF STA
Name of New Registered Agent:	ene Malis	_ <del></del>
New Registered Office Address: 4720	SAINT CLOIX LANG Enter Florida street address	2,#12)
	////(-) Florid	la <u>34/09</u>
New Registered Agent's Signature, if changing Registered Agent:	I Cay	z.ip Соае

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>	<u>Name</u>	Address	Type of Action
AMBR	Ivo Krizek	6195 Reserve Cirle, #1	303 □Add
		6195 Reserve Cirle, #1 Noples, Pla 74119	Remove
			🗖 Add
			□Remove
			□Add
			□Remove
		<del></del>	□Change
			🗆 🗅 Add
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			□Remove
			[] Change

-	
ective	date, if other than the date of filing:
i effectiv	we 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	s effective date on the Department of State's records.
	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
	NIA.10. har 7 7.77
ted	November 3. 2022.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee FBN 0141178

Filing Fee: \$25.00