## L22CCC396757

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## **COVER LETTER**

TO: Registration Sec Division of Com	
	Pos 116
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	mendment and fee(s) are submitted for filing.
Please return all correspon	lence concerning this matter to the following:
	Ken Dixon
	Nume of Person
ļ	Kenathos Ul
	Firm/Company
	1910 Fraser Pine BWd
	Address
	Sarasota, FL 34240
	City/State and Zip Code
	Pendons Flonda equal com E-mail address: (to be used for future ginual report notification)
For further information of	cerning this matter, please call:
Slaunna	Dixon 31,941,914,4094
Name o	Dixon at (94), 914-4094  Area Code Daytime Telephone Number
Enclosed is a check for the	fellowing amount:
XI \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,
	Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
]	(additional copy is enclosed)
Mailing Address	Street Address:
Registration \$	ction Registration Section
Division of Co	
P.O. Box 632	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, F	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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2022 OCT 28 PM 4: 43 ability Company as it now appears on our records.)
orida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 9-12-2073 Florida document number L 22000396787 This amendment is submitted to amend the following: A. If amending name enter the new name of the limited liability company here: nguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." The new name must be dist Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MA BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address 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 statites 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

removed	from our records:	norized to manage, <u>enter the title, name, and</u>	audress or each person being ad
GR= M MBR= A	anager uthorized Member		
<u>tle</u>	<u>Name</u>	Address	Type of Action
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lective date, n effective date	is line	than the date of filing: (optional)  d, he date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60	5.02
te: If the dat	e in <b>ser</b> i	ted in this block does not meet the applicable statutory filing requirements, this date will not be listate on the Department of State's records.	ted
cument's effe	ctive b	late on the Department of State's records.	
	- 11	1 cm of the state	er sh
ecora specine is filed.	s a open	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	. 1 (1)
ted			•
		Signature of a number of authorized representative of a member	
		Kouroth Nixon	
	11		

Filing Fee: \$25.00



January 20, 2023

KEN DIXON 1196 FRASER PINE BLVD SARASOTA, FL 34240

SUBJECT: RENO-HOLICS LLC Ref. Number: L22000396787

We have received your document for RENO-HOLICS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 923A00001439

Alecia Rivers Regulatory Specialist II

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