Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230002373023)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RENDREAM LLC



Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Helps. ROBERTS

JUL - 7 2023

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rendream LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
he Articles of Organization for this Limited Liability Company were filed on 04/27/23 and assign lorida document number L23000209331		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbrevia	<u>ے</u> «ion L.C."
Enter new principal offices address, if applicable:		*
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		5.
Enter new mailing address, if applicable:		~ <u>3</u>
(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:	e address on our records, enter the name of t	he new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zij	o Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and ag- provisions of all statutes relative to the proper and complete	t: tree to act in this capacity. I further agree to	o comply

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.

7/6/2023 10:20:33 PDT

To: 18506176383

Page: 3/4

From: Registered Agents Inc

Fax: 8134365206

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	JAVAID, ANAM	2010 NE 182 PI	ZiAdd
		Citra, FL 32113	□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
		<u> </u>	Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change

From: Registered Agents Inc

To: 18506176383

	ation, enter change(s) here: (Attach additional sheets, i	•
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	ist be specific and cannot be prior to date of filing or more than 90 day lock does not meet the applicable statutory filing requirement	
he record specifies a delayed effective ord is filed.	we date, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated July 6th	. 2023	
N^{-1}	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
Nat Smith		
	Typed or printed name of signee	