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To: 262 Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC. [? :] .] Account Number : I2009000081 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.

11:29	i1 Address: LLC AMND/RESTATE/CORRE RENDREAM	
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Electronic Filing Menu Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rendream LLC	rs on our records)
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability company h</u>	ere:
The new name must be distinguishable and contain the words "Limited Liability Company," the c	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)	<u>ې</u>
B. If amending the registered agent and/or registered office address on our r	ecords, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	nda 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 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.

Curv

____. Florida _

Zip Code

10/13/2023 07:40.44 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> Name Address Type of Action ALI M, UHAMMAD AATER 2010 NE 182 PL AMBR _____ 🗆 Add CITRA, FL 32113 _____ 🗹 Remove _____ Change _____ 🗆 🖂 🖂 □_____ □Reniove ____ □Change _____ 🖸 Add _____ 🗆 Remove _____ Fladd _____ []Change □Add URemove _____ 🗋 Change _____ 🖸 Add ⊡ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Note:	ive date, if other than the d lective date is listed, the date must b If the date inserted in this bloc lent's effective date on the Dep	k does not meet the appli	cable statutory filing requi	(optional) i ⁹⁰ days after fifting.) Pursuant to 60 rements, this date will not be lis	5.0207 (3)(b) ted as the
If the recor record is fi		late, but not an effective	time, at 12:01 n.m. on the o	earlier of: (b) – The 90th day afte	er the

Dated October 13	2023
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, with a weighted

Signature of a member or authorized representative of a member

Nat Smith

Typed or printed name of signee