Division of Corporations

(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (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 RENEEFASH LLC

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

T. LEMIEUX

Electronic Filing Menu

Corporate Filing Menu

12/13/2023 11:37:49 PST-

To: 18506176383

Page: 2/4

From: Registered Agents Inc.

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RenceFash LLC			
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company v Florida document number L23000265890	vere filed on 06/01/23	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabitit	y Company," the designation "LLC" or the abbr	eviation "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>,</u>	
		·	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our records, enter the name	of the new registered	
		Š	
Name of New Registered Agent:		····	
New Registered Office Address:		·	
	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am fair covided for in Chapter 605, F.S. Or. if	niliar with and this document is	

If Changing Registered Agent, Signature of New Registered Agent

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To: 18506176383

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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
AMBR	Celestre, Kathryn	7901 4th St N	
		STE 300	□Remove
		St. Petersburg, FL 33702	
		 	□Add
			□Remove
		·	☐ Change
			□Add
			□Remove
	4.200-7-20-7-20-7-20-7-20-7-20-7-20-7-20-	 	
		 	□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			f ^m i C'hanco

/2023 11,37,49 PST	To: 18506176383	Page; 4/4	From: Registered Agents Inc	Fax: 813436
D. If amending any o	ther information, enter chan		tional sheets, if necessary.)	
				
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	<u>.</u>		<u> </u>	
				
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				-
(If an effective date is lis Note: If the date ins	ther than the date of filing: ted, the date must be specific and can certed in this block does not meet date on the Department of State	the applicable statutory fili	(optional) more than 90 days after filing.) Pursuant to ng requirements, this date will not be	605.0207 (3)(b) listed as the
If the record specifies a d record is filed.	clayed effective date, but not an e	ffective time, at 12:01 a.m	. on the earlier of: (b) The 90th day a	ifter the
Dated December 13	20	023		

Signature of a member or authorized representative of a member

Nat Smith

Typed or printed name of signee