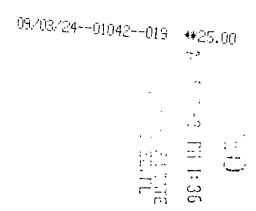
## L2400/67506

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor	porations			
SUBJECT: RENE	W Painting and Name of Lim	CUMMONITY & nited Liability Company	hancement	services
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Quamon	Robinson Name of Person		
	Kenew Paintn	g and Community el	nancament Sek	lvices
	lleod NW	LQ 1 ST Address		
	Miami / Fl	33142 City/State and Zip Code		
	Uomon (	33142 City/State and Zip Code UDINSON & GMail to be used for future annual report notifi	COM lication)	
For further information c	oncerning this matter, please c	all:		
Quamon K	-bbinson	at (964) 932-	1933	
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne following amount:			
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of \$t Certified Copy tadditional copy is e	atus &
Mailing Addres		Street Address:	tion	
Registration S Division of C		Registration Sec Division of Corp		
P.O. Box 632	7	The Centre of Ta	allahassee	
Tallahassee, I	-L 32314	2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Renew pointing and Commonity enhancement Services L.L.C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

New Registered Office Address:	Enter Florida	street address	
Name of New Registered Agent:			
. If amending the registered agent and/or registered offi gent and/or the new registered office address here:	ce address on our reco	rds, <u>enter the nam</u>	e of the new regi
		, t-3	Ö
Mailing address MAY BE A POST OFFICE BOX)			(.)
nter new mailing address, if applicable:			
			: .5
THEOPIE OFFICE GUITESS STOST DE A STREET ADDRESS	Z		;
nter new principal offices address, if applicable: Principal office address MUST <u>BE A STREET ADDRESS</u>	·,		<del> </del>
nter new principal offices address, if applicable:			
1 Renew Pointing 3 ne new name must be distinguishable and contain the words "Emited L	iability Company," the desig	nation "LLC" or the abl	oreviation "L.L.C."
. If amending name, enter the new name of the limited I			1 1 0.
his amendment is submitted to amend the following:			
he Articles of Organization for this Limited Liability Compa lorida document number 44466669 L240	00/0 1300		
agree 1 Alla	のわけごくへん		

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 1989 XXXX	Quamon Robinson	Address 2131 Jackson 8+ Hallywood	336,20 Fl @Add
		<del></del>	_ □Remove
			□Change
		<del></del>	□Add
			□Remove
		<del></del>	□Change
		<u> </u>	Add
			∷ ` ⊒ ⊡Change
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