

L24000232380

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer.	:
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10/21/24--01012--005 **25.00

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: RENG	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Goseffe R	Name of Person	
	Renov Pros	Finn/Company	
	953 APollo 8	BEACH # 101 Address	
		CH FL 33.572 City/State and Zip Code	
	Gio 702 Q GI E-mail address: (TAIL . COM to be used for future annual report note	fication)
For further information c	oncerning this matter, please c	all:	
Giuseppe Name o	Rerson	at (<u>970</u>) <u>443</u> Area Code Daytim	5293 e Telephone Number
Enclosed is a check for the	ne following amount:		
₩\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan	y were filed on <u>08 - 19 - 2024</u> and assigned
Florida document number <u>L 24000 23 23 89</u> .	- <u>- </u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1647 SUN GITY CONTER PLAZA
(Principal office address MUST BE A STREET ADDRESS)	SUN CITY FL 33573
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office	1647 SUN GITY CENTER PLAZA SUN GITY FL 33573 e address on our records, 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: 1647 Su	N GTY CENTER PARA Enter Florida street address
<u>Sun c</u>	City FL , Florida 33 573

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.

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
46R	Joe WADYKA	1009 WARWICK GOORT SUN CITY CENTER 336	XAdd
		JON CLTY CENTER 336	57
			Change
			□Add
		 	□Remove
			□Change
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ffective date, if other is a seffective date is list state. If the date inso ocument's effective	ed, the date must be sp erted in this block de	pecific and cannot oes not meet the	t be prior to date c e applicable sta	of filing or more tha	n 90 days after filing	z.) Pursuant to 605.020
record specifies a do I is filed.	clayed effective date	, but not an eff	ective time, at 1	2:01 a.m. on the	earlier of: (b) T	he 90th day after the
			. /	1		
Dated	Signa			presentative of a n	nember	<u> </u>

Filing Fee: \$25.00